

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000053957

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: CERTIFIED SLINGS OF OCALA, INC.

## Current Principal Place of Business:

930 NW 27TH ST.  
OCALA, FL 34475

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 180127  
CASSELBERRY, FL 327180127

## New Mailing Address:

FEI Number: 27-0013352      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WORSWICK, DENNIS E  
1881 BLUE RIDGE ROAD  
WINTER PARK, FL 32789      US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete  
Name: WORSWICK, RONALD J  
Address: 1212 N PARK AVE  
City-St-Zip: WINTER PARK, FL 32790

Title: V/D ( ) Delete  
Name: WORSWICK, DENNIS E  
Address: 1881 BLUE RIDGE ROAD  
City-St-Zip: WINTER PARK, FL 32789

Title: V/D ( ) Delete  
Name: WORSWICK, DOUGLAS J  
Address: 1625 GOLFSIDE DRIVE  
City-St-Zip: WINTER PARK, FL 32792

Title: V/D ( ) Delete  
Name: WILLIAMS, NICOLE R  
Address: 4430 CLEAR RIVER CT  
City-St-Zip: ORLANDO, FL 32817

Title: S/T ( ) Delete  
Name: GAHNZ, CONNIE B  
Address: 1025 PINE SHADOW DRIVE  
City-St-Zip: APOPKA, FL 32712

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE B. GAHNZ

S/T

04/27/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date