


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90075 037 ***150.00

DOCUMENT # P95000070823

1. Entity Name
PTO CORP. OF OCALA



Principal Place of Business Mailing Address
200 TORTUGA DR. **200 TORTUGA DR.**
NOKOMIS FL 34275 **NOKOMIS FL 34275**



2. Principal Place of Business 3. Mailing Address
3100 SW College Rd **3100 SW College Rd**
Ocala FL **Ocala FL**

1st MOORE CR2E034 (10/05)

City & State Suite, Apt. #, etc. City & State Suite, Apt. #, etc.
Ocala FL **# 426** **Ocala Florida** **# 426**

Zip Country Zip Country
34474 **Marion** **34474** **Marion**

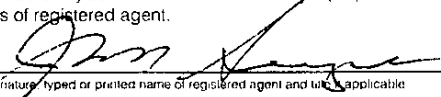
4. FEI Number Applied For
59-3335043 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SIEGEL, EILEEN M
200 TORTUGA DR.
NOKOMIS FL 34275

7. Name and Address of New Registered Agent
 Name **SIEGEL, EILEEN M**
 Street Address (P.O. Box Number is Not Acceptable)
3100 SW College Rd.
426
 City **Ocala** FL Zip Code **34474**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **1/24/06**

Signature typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when resigning.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SIEGEL, EILEEN M 200 TORTUGA DR. NOKOMIS FL 34275	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SIEGEL, JOSEPH M 200 TORTUGA DR. NOKOMIS FL 34275	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3100 SW College Rd Ocala FL 34474	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3100 SW College Rd Ocala FL 34474	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Joseph M. SIEGEL** 941-504-6623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **1/24/06** Daytime Phone #