2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000037108

1. Entity Name
SOUTH MARION UNDERGROUND, INC.

Principal Place of Business	Mailing Address
4125 NW 44TH AVE OCALA, FL 34482 US	P.O. BOX 190 ANTHONY, FL 32617 US

01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3443055

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PAULEY, GARY
4601 N.E. 112TH LANE
ANTHONY, FL 32617

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	PAULEY, WAYNE K
STREET ADDRESS	13033 NE 47TH AVE
CITY-ST-ZIP	ANTHONY, FL 32617
TITLE	DS
NAME	PAULEY-STEWART, CHERYL
STREET ADDRESS	13013 NE 47TH CT
CITY-ST-ZIP	ANTHONY, FL 32617
TITLE	DP
NAME	PAULEY, GARY
STREET ADDRESS	4601 N.E. 112TH LANE
CITY-ST-ZIP	ANTHONY, FL 34421
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/21/05-80017-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Gary W. Pauley 1/17/05 352-351-2412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #