

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # 142791 1. Entity Name OCALA LUMBER COMPANY	
--	---

Principal Place of Business 1317 N MAGNOLIA AVE P.O.BOX 1389 (32678) OCALA, FL 34475 US	Mailing Address 1317 N MAGNOLIA AVE P.O.BOX 1389 (32678) OCALA, FL 32670
--	---



01252006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0265396	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MOXON, HENRY J G 1317 N. MAGNOLIA AVE P O BOX 1389 OCALA, FL 32670
--

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

U000000477109
04/06/06-80039-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT MOXON, HENRY JG 1317 N MAGNOLIA AVE OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS SWEARINGEN, MARJORIE A M 1317 N. MAGOLIA ZVE. OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOXON, MARJORIE L 1317 N MAGNOLIA AVE OCLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Henry J. G. Moxon, Pres. **HENRY J. G. MOXON, Pres.** 3/21/06 352/732-2324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #