


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT.**

FILED
Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # 142792 1. Entity Name OCALA LUMBER SALES COMPANY	
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Principal Place of Business 377 N.W. 14TH ST. OCALA, FL 34475-1384 US	Mailing Address P.O. BOX 1389 OCALA, FL 32678-1389
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03132007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0541504	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MOXON, HENRY J G 377 NW 14TH ST. 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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD MOXON, HENRY J G 377 NW 14TH ST. OCALA, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VSD MOXON, MARJORIE L 377 NW 14TH ST OCALA, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD SWEARINGEN, MARJORIE A M 377 NW 14TH ST OCALA, FL
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03/27/07-80025-017 150.00

**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 HENRY J. G. MOXON, PRES. 3/14/07 352/732-2324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #