

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 179459 1. Entity Name OCALA CLEAT COMPANY	
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Principal Place of Business 377 N.W. 14TH STREET P.O. BOX 1389 OCALA, FL 34478 US	Mailing Address 377 N.W. 14TH STREET P.O. BOX 1389 OCALA, FL 34478 US
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01252006 No Chg-P CR2E034 (11/05)

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4. FEI Number 59-0721186	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MOXON, HENRY J.G. 377 NW 14TH STREET P.O. BOX 1389 OCALA, FL 34478
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**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 _____
Signature, typed or printed name of registered agent and title if applicable (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	1100000477118 04/06/06-80039-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MOXON, HENRY J.G. 377 NW 14TH STREET OCALA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MOXON, MICHELLE A. 377 NE 14TH STREET OCALA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SWEARINGEN, MARJORIE 377 NW 14TH STREET OCALA, FL
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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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, P.P.S.* **HENRY J.G. MOXON, P.P.S.** **3/21/06** **352/732-2324**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #