

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2006 8:00 am**  
**Secretary of State**

01-11-2006 90009 036 \*\*\*150.00

<b>DOCUMENT # 519673</b> 1. Entity Name <b>OCALA WAREHOUSE COMPANY</b>			
Principal Place of Business <b>2603 SE 17TH STREET, SUITE B</b> <b>OCALA, FL 32671</b>		Mailing Address <b>2603 SE 17TH STREET, SUITE B</b> <b>OCALA, FL 32671</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>2603 SE 17th St Suite A</b> Suite, Apt. #, etc.	
City & State Ocala, FL		4. FEI Number <b>59-1704860</b>	
Zip <b>34471</b>		Country <b>US</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BERMAN, WALTER R.</b> <b>2603 SE 17TH STREET, SUITE B</b> <b>OCALA, FL 32671</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature is required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b> NAME <b>BERMAN, WALTER R.</b> STREET ADDRESS <b>1919 SE 7TH STREET</b> CITY - ST - ZIP <b>OCALA, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>ST</b> NAME <b>BERMAN, ANNE A.</b> STREET ADDRESS <b>1919 SE 7TH STREET</b> CITY - ST - ZIP <b>OCALA, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
<b>SIGNATURE:</b> _____ <b>1/09/06</b> <b>352-732-2777</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			