

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 791071

FILED  
Jan 14, 2009  
Secretary of State

**Entity Name:** OCALA BREEDERS SALES COMPANY, INC.

**Current Principal Place of Business:**

1701 SW 60TH AVE  
OCALA, FL 34474

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 99  
OCALA, FL 34478

**New Mailing Address:**

**FEI Number:** 59-1566113

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIOTA, THOMAS  
1701 SW 60TH AVENUE  
OCALA, FL 34474 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CHIOTA, THOMAS A.,  
Address: 820 NE 120TH PLACE  
City-St-Zip: OCALA, FL 00000,

Title: CD ( ) Delete  
Name: O'FARRELL, MICHAEL J., JR  
Address: 2000 NW 95TH ST  
City-St-Zip: OCALA, FL

Title: VD ( ) Delete  
Name: VANLANGANDONCK, ARTHUR F  
Address: 9180 NW 160TH AVENUE  
City-St-Zip: MORRISTON, FL 32668

Title: STD ( ) Delete  
Name: SILVER, STEVEN A  
Address: 1932 CLATTER BRIDGE RD  
City-St-Zip: OCALA, FL 34471

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS A. CHIOTA

PD

01/14/2009

Electronic Signature of Signing Officer or Director

Date