## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F99000000960

Entity Name: WANT ADS OF OCALA, INC.

FILED Feb 04, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3561 S PINE AVE OCALA, FL 34471 **Current Mailing Address: New Mailing Address:** 20011 EMERALD COAST PKWY. DESTIN, FL 32541 FEI Number: 65-0888103 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE, FL 32301 US 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition EARLES, CHARLES E Name: Name: 20011 EMERALD COAST PKWY Address: Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip: Title: Title: () Delete () Change () Addition Name: KERR, RAEJEAN Name: 3561 S. PINE AVE. Address: Address: OCALA, FL 34471 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition CHRISTENSEN, ROBERT L Name: Name: 20011 EMERALD COAST PKWY Address: Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip: Title: () Delete Title: () Change () Addition TREESE, HARRY S Name: Name: Address: 3901 WEST WACO DRIVE Address: City-St-Zip: WACO, TX 32541 City-St-Zip: Title: Title: () Delete () Change () Addition Name: MODLIN, KIMBERLY Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: KIM MODLIN S 02/04/2004

20011 EMERALD COAST PKWY

DESTIN, FL 32541

Address: City-St-Zip: