

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90209 008 \*\*\*150.00



<b>DOCUMENT # G09075</b> 1. Entity Name <b>THE PILLBOX OF OCALA, INC.</b>	
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Principal Place of Business <b>942 SOUTHEAST 17TH STREET</b> <b>OCALA, FL 34471 US</b>	Mailing Address <b>942 SOUTHEAST 17TH STREET</b> <b>OCALA, FL 34471 US</b>
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2. Principal Place of Business <b>2403 SE 15<sup>th</sup> Street</b> Suite, Apt. #, etc.	3. Mailing Address <b>2403 SE 15<sup>th</sup> Street</b> Suite, Apt. #, etc.
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04282005 Chg-P CR2E034 (10/03)

City & State <b>OCALA, FL.</b>	City & State <b>OCALA, FL.</b>	4. FEI Number <b>59-2237980</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34471</b>	Country <b>USA</b>	Zip <b>34471</b>	Country <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>WILBURN, MACK R</b> <b>2403 SE 15TH ST</b> <b>OCALA, FL 34471</b>	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILBURN, MACK R			NAME			
STREET ADDRESS	2403 S.E. 15TH ST.			STREET ADDRESS			
CITY-ST-ZIP	OCALA, FL 34471			CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILBURN, SARAH A			NAME			
STREET ADDRESS	2403 S.E. 15TH ST.			STREET ADDRESS			
CITY-ST-ZIP	OCALA, FL 34471			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify 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 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:** Mack R. Wilburn 7/29/2005 352-351-1639  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 MACK R. WILBURN