


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # J10542
 1. Entity Name
 OCALA UNDERGROUND, INC.



Principal Place of Business: 1633 NE 30TH AVE, OCALA, FL 34471 US
 Mailing Address: OCALA UNDERGROUND, INC., P O BOX 1872, OCALA, FL 34478 US



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2663136
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
 STEINBARGER, RANDY
 3424 SE 6TH ST
 OCALA, FL 32670

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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: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000593947
 01/22/07-80051-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STEINBARGER, RANDY L.
STREET ADDRESS	3424 SE 6TH ST.
CITY-ST-ZIP	OCALA, FL
TITLE	S
NAME	WISE, LINDA L.
STREET ADDRESS	825 SE 34TH TERR.
CITY-ST-ZIP	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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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: Linda Wise 1/2/07 353 694 4844
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #