


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 08, 2008 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



01072008 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

6. Name and Address of Current Registered Agent

**STEINBARGER, RANDY**  
 3424 SE 6TH ST.  
 OCALA, FL 32670

**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

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	

U000000775666  
 01/08/08-80038-019-150.00

**DO NOT WRITE IN THIS SPACE**

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.

**SIGNATURE:** *Linda Wise, Sec.* **Linda Wise, Sec.** *1/7/08* **352-694-4059**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #