

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90050 028 ***150.00

DOCUMENT # J24681

1. Entity Name

FIRST OCALA INVESTMENT CORP.



Principal Place of Business

4778 HALIFAX DR
PORT ORANGE FL 32127

Mailing Address

4778 HALIFAX DR
PORT ORANGE FL 32127

2. Principal Place of Business

718 N. WILD OLIVE AVE

Suite, Apt. #, etc.

3. Mailing Address

718 N. WILD OLIVE AV

Suite, Apt. #, etc.

City & State
DAYTONA BEACH FL

Zip
32118

Country

City & State
DAYTONA BEACH FL

Zip
32118

Country

4. FEI Number 59-2701981

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KUENDIG, DAVID E.
4778 HALIFAX DR
PT ORANGE FL 32127

7. Name and Address of New Registered Agent

Name KUENDIG, DAVID E
Street Address (P.O. Box Number is Not Acceptable)
718 N. WILD OLIVE AVE
City DAYTONA BEACH FL Zip Code 32118

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 *David E. Kuendig* DAVID E. KUENDIG

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-7-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE ST
NAME KUENDIG, MARY LOUISE ☐ Delete
STREET ADDRESS 4778 HALIFAX DR
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE V
NAME NYBERG, MYRA ☐ Delete
STREET ADDRESS 3924 N JANSSEN
CITY-ST-ZIP CHICAGO IL

TITLE V
NAME FLANAGAN, KATHLEEN ☐ Delete
STREET ADDRESS 52 MOORELAND ROAD
CITY-ST-ZIP SCITUALE MA

TITLE P
NAME KUENDIG, DAVID ☐ Delete
STREET ADDRESS 4778 HALIFAX DR
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE V
NAME NYBERG, ANDERS ☐ Delete
STREET ADDRESS 3924 N JANSSEN
CITY-ST-ZIP CHICAGO IL

TITLE V
NAME SCHUCARD, PETER ☐ Delete
STREET ADDRESS 2043 TOEOBAGA LA
CITY-ST-ZIP NOKOMIS FL 34275

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ST
NAME KUENDIG, MARY LOUISE ☒ Change ☐ Addition
STREET ADDRESS 718 N. WILD OLIVE AVE
CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P
NAME KUENDIG, DAVID ☒ Change ☐ Addition
STREET ADDRESS 718 N. WILD OLIVE AVE
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Marylouise Kuendig* Marylouise Kuendig

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-04

Date

386-254-5141

Daytime Phone #