## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J50282

City-St-Zip:

OCALA, FL

FILED Apr 30, 2004 Secretary of State

| Entity Na                                   | me: OFAB, IN  | C.                                    |  |   |  |
|---|---|---------------------------------------|--|---|--|
| Current Principal Place of Business:        |   |                                       | New Principal Place of Business:             |   |  |
| 2817 N.W.<br>OCALA, FI                      | . 8TH PLACE<br>L 34475 US                           | 6                                     |  |   |  |
| Current Mailing Address:                    |   |                                       | New Mailing Address:                         |   |  |
| 2817 N.W.<br>OCALA, F                       | . 8TH PLACE<br>L. 34475 US                          | 8                                     |  |   |  |
| FEI Number                                  | : 59-2756154  | FEI Number Applied For()              | FEI Number Not Applicable ( )                | Certificate of Status Desired ( )         |  |
| Name and                                    | Address of C  | Current Registered Agent:             | Name and Address o                           | Name and Address of New Registered Agent: |  |
| OCALA, FI                                   | 8TH PLACE<br>L 32675                                | submits this statement for the p      | ourpose of changing its registered           | d office or registered agent, or both,    |  |
| SIGNATUR                                    | RE:   |                                       |  |   |  |
|   | Electror  | nic Signature of Registered Age       | ent  | Date                                      |  |
| Election Car                                | mpaign Financin                                     | g Trust Fund Contribution ( ).        |  |   |  |
| OFFICERS AND DIRECTORS:                     |   |                                       | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | DP (<br>DAVIS, CURTIS<br>2817 N.W. 8TH<br>OCALA, FL | · ·                                   | Title:<br>Name:<br>Address:<br>City-St-Zip:  | ( ) Change ( ) Addition                   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | V (<br>AMYOTTE, LAV<br>2817 NW 8TH<br>OCALA, FL     | · · · · · · · · · · · · · · · · · · · | Title:<br>Name:<br>Address:<br>City-St-Zip:  | () Change () Addition                     |  |
| Title:<br>Name:<br>Address:                 | ST (X<br>ROTHCHILD, L<br>2817 NW 8TH                | •                                     | Title:<br>Name:<br>Address:                  | ( ) Change ( ) Addition                   |  |

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.

City-St-Zip:

SIGNATURE: LARRY AMYOTTE V 04/30/2004