

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L25563 1. Entity Name UNIVERSAL ENTERPRISES OF OCALA, INC.	
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Principal Place of Business C/O WILLI E. HOHNHOLZ 7604 NW 14TH ST OCALA, FL 34482 US	Mailing Address C/O WILLI E. HOHNHOLZ 7604 NW 14TH ST OCALA, FL 34482 US
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DO NOT WRITE IN THIS SPACE



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3060621	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOHNHOLZ, WILLI E.
7604 NW 14TH ST
OCALA, FL 34482

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

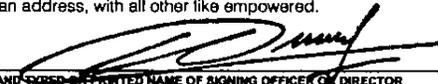
9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution Added to Fees

U00000774933
 01/08/08-80009-004 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPSV HOHNHOLZ, WILLI E. 7604 NW 14 STREET OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOHNHOLZ, WILLI E. 7604 NW 14 STREET OCALA, FL 34482
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 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:  **1-4-2008** **352-873-3590**

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

W. Hohnholz