

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90081 040 ***150.00

DOCUMENT # M33029

1. Entity Name
THE MANAGEMENT GROUP OF OCALA, INC.



Principal Place of Business
2400 SW 21 CIRCLE
OCALA, FL 34474 US

Mailing Address
P.O. BOX 5130
OCALA, FL 34478-5130 US



2. Principal Place of Business
2801 SW College Rd

3. Mailing Address

Suite, Apt. #, etc.
Unit 18

Suite, Apt. #, etc.

03292006 Chg-P CR2E034 (11/05)

City & State
Ocala FL

City & State

4. FEI Number
59-2691317

Applied For
Not Applicable

Zip
34474

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLASSMAN, JEROME E.
2400 SW 21 CIRCLE
OCALA, FL 34474

Name

Street Address (P.O. Box Number is Not Acceptable)

2801 SW College Rd Unit 18

City
Ocala

FL

Zip Code
34474

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Jerome Glassman 04/11/2006

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GLASSMAN, JEROME E. ☐ Delete
STREET ADDRESS 2400 SW 21 CIRCLE
CITY-ST-ZIP OCALA, FL 34474

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2801 SW College Rd Unit 18
CITY-ST-ZIP Ocala FL 34474

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerome Glassman 04/11/2006 352.237.1186

Date

Daytime Phone #