


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000008283		
1. Entity Name OCALA THOROUGHBREDS INC		

Principal Place of Business 2409 NW 63RD PLACE OCALA, FL 34475	Mailing Address 2409 NW 63RD PLACE OCALA, FL 34475
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

8. Name and Address of Current Registered Agent	
JENKINS, JERRY 2409 NW 63RD PLACE OCALA, FL 34475	

08302005	Chg-NP	CR2E037 (10/03)
4. FEI Number 61-1975795 109000008283		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 reappointing)

DATE _____

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, RONNIE	NAME	
STREET ADDRESS	PO BOX 6825	STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34478	CITY-ST-ZIP	
TITLE	V	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RHEM, STEVE	NAME	
STREET ADDRESS	5814 NW 56 PL	STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34482	CITY-ST-ZIP	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, JERRY	NAME	
STREET ADDRESS	2409 NW 63RD PLACE	STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34475	CITY-ST-ZIP	
TITLE	ST	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, FAITH	NAME	
STREET ADDRESS	2409 NW 63RD PLACE	STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34475	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 617, 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: *Jerry Jenkins* 9/4/05 352-622-9901

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

FILED

05 SEP 22 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts SPP 23 2005

