

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90099 005 ****70.00

DOCUMENT # N07000004210	
1. Entity Name OCALA TRACTOR PULL, INC.	

Principal Place of Business 9531 SW 34TH PLACE OCALA FL 34481	Mailing Address 9531 SW 34TH PLACE OCALA FL 34481
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address P O BOX 770761
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State OCALA, FL	City & State OCALA, FL
Zip 34477-0761	Country

4. FEI Number 26-0297706		Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent LOKAI, MARTHA J 9531 SW 34TH PLACE OCALA FL 34481	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 _____ (Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature is not required when reinstating))	DATE _____
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FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to: Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LOKAI, MICHAEL D 9531 SW 34TH PLACE OCALA FL 34481 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD LOKAI, MARTHA J 9531 SW 34TH PLACE OCALA FL 34481 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUBNEL, MIKE 13799 SE 175TH ST WEIRSDALE FL 32195 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAOERLE, DAVID P O BOX 1045 INVERNESS FL 34451 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FITZGERALD, PATRICK 2805 SE 110TH ST - 41-B OCALA FL 34480 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RODNEY SWIFT 9360 NE 16TERRACE ANTHONY, FLORIDA 32617 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILLIE KILGORE 10285 S QUARTERHORSE AVE FLORA CITY, FL 34436 ☐ 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 exemptions contained in Section 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attached sheet with an address, and all other the answered.

SIGNATURE: MARTHA J LOKAI, VP, TD	4/10/08	352/2376211
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