


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90320 042 ****61.25

| | |
|--|---|
| DOCUMENT # N95000004904 |  |
| 1. Entity Name CLASSY CHASSYS OF MARION COUNTY, INC. | |

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|---|---|
| Principal Place of Business 24860 NE 170TH ST FORT MC COY FL 32134 US | Mailing Address 24860 NE 170TH ST FORT MC COY FL 32134 US |
|---|---|

| | |
|---|---|
| 2. Principal Place of Business 24860 NE 130th ST Suite, Apt. #, etc. Fort McCoy, FL | 3. Mailing Address 24860 NE 130th ST Suite, Apt. #, etc. Fort McCoy, FL |
| City & State | City & State |

| | | | |
|---------------------|---------|---------------------|---------|
| Zip 32134 | Country | Zip 32134 | Country |
|---------------------|---------|---------------------|---------|

| | |
|------------------------------------|--|
| 4. FEI Number 59-3356254 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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|--|
| 6. Name and Address of Current Registered Agent |
| MACQUARRIE, CHRISTOHER J 2303 S.E. 17TH STREET SUITE 201 OCALA FL 34471 |

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|--|
| 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 _____ | DATE _____ |
| <small>Signature, typed or printed name of registered agent and title if applicable.</small> | <small>(NOTE: Registered Agent signature required when reinstating)</small> |

| | | | |
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| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | 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 | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD MARKFERDING, TOM 2010 S.E. 33RD ST OCALA FL 34471 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S JARDINE, MELANIE 4265 SE 60TH STREET OCALA FL 34480 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD GRIMES, TOM 1084 SE 56 CT OCALA FL 34471 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T POWERS, WILLIAM M 24860 NE 170TH ST FORT MC COY FL 32134 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | 24860 NE 130th ST <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

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|---|---------------------|--------------------------------|
| SIGNATURE: <u>William M. Powers</u> | 4-15-04 | 352 625-1250 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date</small> | <small>Daytime Phone #</small> |