2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 18, 2005 8:00 am Secretary of State DOCUMENT # N95000004904 1. Entity Name 04-18-2005 90270 016 ****61.25 CLASSY CHASSYS OF MARION COUNTY, INC. Principal Place of Business Mailing Address 24860 NE 130TH ST FORT MC COY FL 32134 24860 NE 130TH ST FORT MC COY FL 32134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) City & State 4. FEI Number Applied For City & State 59-3356254 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MACQUARRIE, CHRISTOHER J Street Address (P.O. Box Number is Not Acceptable) 2303 S.E. 17TH STREET SUITE 201 OCALA FL 34471 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 title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be \Box Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TITLE Change Delete Addition MARKFERDING, TOM FLOYD IT HAL 1525 n. E 10th ST HAL NAME 2010 S.E. 33RD ST STREET ADDRESS STREET ADDRESS OCALA FL 34471 OCALA FL 34470 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Addition JARDINE, MELANIE PENNEY DEBBIE NAME NAME 4265 SE 60TH STREET 67 HCCKORY LWP OCDLA FL 34472-4122 STREET ADDRESS **OCALA FL 34480** CITY-ST-ZIP CITY-ST-7IP Delete Change Addition TITLE PENALK BLAN GRIMES, TOM 67 HICKORY LOOP OCOLA, FL 34472-4122 1084 SE 56 CT STREET ADDRESS STREET ADDRESS OCALA FL 34471 CITY-ST-7IP CITY-ST-7iP ☐ Delete **I** Addition TITLE TITLE POWERS, WILLIAM M NAME NAME 24860 NE 130TH ST STREET ADDRESS STREET ADDRESS FORT MC COY FL 32134 CITY-SE-7IP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ 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.

NAME STREET ADDRESS

TITLE

NAME

☐ Delete

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

FILED

☐ Change

☐ Addition