

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90174 008 \*\*\*\*61.25

**DOCUMENT # N95000004904**

1. Entity Name

CLASSY CHASSYS OF MARION COUNTY, INC.



Principal Place of Business

24860 NE 130TH ST  
FORT MC COY FL 32134  
US

Mailing Address

24860 NE 130TH ST  
FORT MC COY FL 32134  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3356254

Applied For

Not Applicable

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

MACQUARRIE, CHRISTOHER J  
2303 S.E. 17TH STREET  
SUITE 201  
OCALA FL 34471

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$81.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FLOYD, HAL II	
STREET ADDRESS	1525 NE 10TH ST	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PENNEY, DEBBIE	
STREET ADDRESS	67 HICKORY LOOP	
CITY-ST-ZIP	OCALA FL 34472-4122	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PENNER, ALAN	
STREET ADDRESS	67 HICKORY LOOP	
CITY-ST-ZIP	OCALA FL 34472-4122	
TITLE	D	<input type="checkbox"/> Delete
NAME	POWERS, WILLIAM M	
STREET ADDRESS	24860 NE 130TH ST	
CITY-ST-ZIP	FORT MC COY FL 32134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM M POWERS	
STREET ADDRESS	24860 NE 130TH ST	
CITY-ST-ZIP	FORT MC COY, FL 32134	
TITLE	✓	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOM MARKFERDING	
STREET ADDRESS	2010 SE 33RD ST	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 attachment with an address, with all other like empowered.

**SIGNATURE:** *William M Powers* WILLIAM M POWERS

4-17-06 (252) 685-1250