

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N95000004904

1. Entity Name

CLASSY CHASSYS OF MARION COUNTY, INC.



**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business

Mailing Address

24860 NE 130TH ST  
FORT MC COY FL 32134  
US

24860 NE 130TH ST  
FORT MC COY FL 32134  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3356254

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)

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 re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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 ☐ Delete  
NAME FLOYD, HAL II  
STREET ADDRESS 1525 NE 10TH ST  
CITY-STATE-ZIP Ocala FL 34470

TITLE S ☐ Delete  
NAME POWER, WILLIAM M  
STREET ADDRESS 24860 NE 130TH ST  
CITY-STATE-ZIP FORT MC COY FL 32134

TITLE V ☐ Delete  
NAME MARKFERDING, TOM  
STREET ADDRESS 2010 SE 33RD ST  
CITY-STATE-ZIP Ocala FL 34471

TITLE D ☐ Delete  
NAME POWERS, WILLIAM M  
STREET ADDRESS 24860 NE 130TH ST  
CITY-STATE-ZIP FORT MC COY FL 32134

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000000735066  
CITY-STATE-ZIP 05/10/07-80018-022 61.25

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-07

Date

3522 685-1250

Daytime Phone #