

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

**FILED**  
**Apr 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000000387**

1. Entity Name

ACT II COMPLEX, INC.



Principal Place of Business

50 NE 49TH ST  
B  
OCALA FL 34479  
US

Mailing Address

50 NE 49TH ST  
B  
OCALA FL 34479  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3489187

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

PATTERSON, CHARLES R  
50-D NE 49TH STREET  
OCALA FL 34479

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 \$61.25**  
**Due By May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME ODEN, PRICE  
STREET ADDRESS 50-D NE 49TH STREET  
CITY- ST- ZIP Ocala FL 34479

TITLE ☐ Change ☐ Addition  
NAME 11000000285452  
STREET ADDRESS 04/02/05-80047-005 70.00  
CITY- ST- ZIP

TITLE D ☐ Delete  
NAME YOUNG, BOB  
STREET ADDRESS PO BOX 6770  
CITY- ST- ZIP Ocala FL 34478

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

TITLE D ☐ Delete  
NAME PATTERSON, CHARLES  
STREET ADDRESS 50-D NE 49TH STREET  
CITY- ST- ZIP Ocala FL 34479

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

TITLE D ☐ Delete  
NAME TYLER, JOE  
STREET ADDRESS 860 SE 80TH STREET  
CITY- ST- ZIP Ocala FL 34480

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

TITLE D ☐ Delete  
NAME ELLIS, ANN  
STREET ADDRESS 1146 SW 88TH CT  
CITY- ST- ZIP Ocala FL 34770

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #