

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000387

FILED  
Apr 15, 2006  
Secretary of State

Entity Name: ACT II COMPLEX, INC.

## Current Principal Place of Business:

50 NE 49TH ST  
B  
OCALA, FL 34479 US

## New Principal Place of Business:

## Current Mailing Address:

50 NE 49TH ST  
B  
OCALA, FL 34479 US

## New Mailing Address:

FEI Number: 59-3489187

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

ODEN, PRICE  
50-D NE 49TH STREET  
OCALA, FL 34479 US

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.

SIGNATURE: PRICE ODEN

04/15/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ODEN, PRICE  
Address: 50-D NE 49TH STREET  
City-St-Zip: OCALA, FL 34479

Title: D ( ) Delete  
Name: YOUNG, BOB  
Address: PO BOX 6770  
City-St-Zip: OCALA, FL 34478

Title: D ( ) Delete  
Name: PATTERSON, CHARLES  
Address: 50-D NE 49TH STREET  
City-St-Zip: OCALA, FL 34479

Title: D ( ) Delete  
Name: TYLER, JOE  
Address: 860 SE 80TH STREET  
City-St-Zip: OCALA, FL 34480

Title: D (X) Delete  
Name: ELLIS, ANN  
Address: 1146 SW 68TH CT  
City-St-Zip: OCALA, FL 34770

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: YOUNG, BOB  
Address: PO BOX 6770  
City-St-Zip: OCALA, FL 34478

Title: T (X) Change ( ) Addition  
Name: MCCALL, EUGENE  
Address: 9805 SW 190TH TERRACE ROAD  
City-St-Zip: DUNNELLON, FL 34432

Title: V (X) Change ( ) Addition  
Name: TYLER, JOE  
Address: 5611 SE 2ND ST  
City-St-Zip: OCALA, FL 34471

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PRICE ODEN

PD

04/15/2006

Electronic Signature of Signing Officer or Director

Date