

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000077409

FILED  
Apr 14, 2008  
Secretary of State

Entity Name: OCALA LIVESTOCK MARKET, INC.

## Current Principal Place of Business:

9100 NW COUNTY ROAD 25A  
OCALA, FL 34482 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 539  
LOWELL, FL 32663 US

## New Mailing Address:

FEI Number: 59-3664335

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

YEOMANS, TOBITHA B VPT  
5700 NW 144TH PLACE  
REDDICK, FL 32686 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PS ( ) Delete  
Name: YEOMANS, MICHAEL A PS  
Address: 5700 NW 144TH PLACE  
City-St-Zip: REDDICK, FL 32686 US

Title: VPT ( ) Delete  
Name: YEOMANS, TOBITHA B VPT  
Address: 5700 NW 144TH PLACE  
City-St-Zip: REDDICK, FL 32686 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOBITHA B. YEOMANS

VPT

04/14/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date