

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000053957

FILED
Mar 30, 2006
Secretary of State

Entity Name: CERTIFIED SLINGS OF OCALA, INC.

Current Principal Place of Business:

930 NW 27TH ST.
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 180127
CASSELBERRY, FL 327180127

New Mailing Address:

FEI Number: 27-0013352

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WORSWICK, DENNIS E
1881 BLUE RIDGE ROAD
WINTER PARK, FL 32789 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: P/D () Delete
Name: WORSWICK, RONALD J
Address: 1212 N PARK AVE
City-St-Zip: WINTER PARK, FL 32790

Title: V/D () Delete
Name: WORSWICK, DENNIS E
Address: 1881 BLUE RIDGE ROAD
City-St-Zip: WINTER PARK, FL 32789

Title: V/D () Delete
Name: WORSWICK, DOUGLAS J
Address: 1625 GOLFSIDE DRIVE
City-St-Zip: WINTER PARK, FL 32792

Title: V/D () Delete
Name: WILLIAMS, NICOLE R
Address: 4430 CLEAR RIVER CT
City-St-Zip: ORLANDO, FL 32817

Title: S/T () Delete
Name: GAHNZ, CONNIE B
Address: 1025 PINE SHADOW DRIVE
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: V/D (X) Change () Addition
Name: WILLIAMS, NICOLE R
Address: 1129 N PENNSYLVANIA AVENUE
City-St-Zip: WINTER PARK, FL 32789

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE B GAHNZ

S/T

03/30/2006

Electronic Signature of Signing Officer or Director

Date