

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000053957

FILED
Apr 15, 2008
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, DOUGLAS J
310 MELODY LANE
CASSELBERRY, FL 32707 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: CEOD () Delete
Name: WORSWICK, DOUGLAS J
Address: 1625 GOLFSIDE DRIVE
City-St-Zip: WINTER PARK, FL 32792

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

Title: V/D () Delete
Name: PARKERSON, NICOLE R
Address: 1129 PENNSYLVANIA AVENUE
City-St-Zip: WINTER PARK, FL 327879

Title: V/D () Delete
Name: WORSWICK, ERIC J
Address: 12015 HIDDEN LINKS DRIVE
City-St-Zip: FORT MYERS, FL 33913

Title: () Delete
Name:
Address:
City-St-Zip:

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: WORSWICK, ERIC J
Address: 1450 LAKE BALDWIN LANE, APT B
City-St-Zip: ORLANDO, FL 32814

Title: VST () Change (X) Addition
Name: GAHNZ, CONNIE B
Address: 1025 PINE SHADOW DRIVE
City-St-Zip: APOPKA, FL 32718

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: CONNIE B GAHNZ

VST

04/15/2008

Electronic Signature of Signing Officer or Director

_____ Date