# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 27, 2006**
**Secretary of State**

DOCUMENT# P02000135224

**Entity Name:** OCALA SEWING CENTER, INC.

**Current Principal Place of Business:**

16850 S. US HIGHWAY 441, SUITE 304
SUMMERFIELD, FL 34491

**New Principal Place of Business:**

16850 S. US HIGHWAY 441,
SUITE 304
SUMMERFIELD, FL 34491

**Current Mailing Address:**

16850 S. US HIGHWAY 441, SUITE 304
SUMMERFIELD, FL 34491

**New Mailing Address:**

16850 S. US HIGHWAY 441
SUITE 304
SUMMERFIELD, FL 34491

**FEI Number: 83-0345156** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DOYAL, SHELLEY A
16850 S. US HIGHWAY 441, SUITE 304
SUMMERFIELD, FL 34491 US

**Name and Address of New Registered Agent:**

DOYAL, SHELLEY A
16850 S. US HIGHWAY 441
SUITE 304
SUMMERFIELD, FL 34491 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: 02/27/2006
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: DOYAL, SHELLEY A
Address: 3150 S. E. 5TH ST.
City-St-Zip: OCALA, FL 34471

Title: V ( ) Delete
Name: DOYAL, BENJAMIN G
Address: 3150 S.E. 5TH ST.
City-St-Zip: OCALA, FL 34471

Title: ST ( ) Delete
Name: DOYAL, SHELLEY A
Address: 3150 S.E. 5TH ST.
City-St-Zip: OCALA, FL 34471

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: DOYAL, SHELLEY A
Address: PO BOX 487
City-St-Zip: GENEVA, FL 32732 US

Title: V (X) Change ( ) Addition
Name: DOYAL, BENJAMIN G
Address: PO BOX 487
City-St-Zip: GENEVA, FL 32732 US

Title: ST (X) Change ( ) Addition
Name: DOYAL, SHELLEY A
Address: PO BOX 487
City-St-Zip: GENEVA, FL 32732 US

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: BENJAMIN G. DOYAL VP 02/27/2006
Electronic Signature of Signing Officer or Director — Date