2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000004988

1. Entity Name
OCALA STABLES, INC.

Principal Place of Business	Mailing Address
1669 N.W. 114TH LOOP OCALA, FL 34475	1669 N.W. 114TH LOOP OCALA, FL 34475

DO NOT WRITE IN THIS SPACE

08212006   No Chg-P   CR2E034 (11/05)

4. FEI Number 41-2106786	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PARADELO, JOSEPH
1669 N.W. 114TH LOOP
OCALA, FL 34475

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IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)

U00000576175
03/05/06-80012-003 150.00
DATE

FILE NOW!!! FEE IS $150.00 **Due by September 6, 2006**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PARADELO, JOSEPH
STREET ADDRESS	1669 N.W. 114TH LOOP
CITY-ST-ZIP	OCALA, FL 34475

TITLE	
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NAME	
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CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   8/31/06   352-620-0236

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #