2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 23, 2004 8:00 am Secretary of State

	~!!!! !						
DOCUMENT # P03000049101 1. Entity Name					Secretary of State 03-29-2004 90033 023 ***150.00		
OCALA SHOPPER, INC.			No.				
Principal Place of Business Mailing Address							
1960 SE 150 ST 1960 SE 150 ST SUMMERFIELD FL 34491-3823 SUMMERFIELD FL 34491-3			91-3823				
					Li interpriora da rouge, kun rekun erika erik		
2. Principat Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E034 (11/03)		
City & State		City & State			4. FEI Number -58 -2625 Applied For Not Applied		
Zip Country		Zip Country			5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Current	legistered Agent			7. Name and Address of New Registered Agent		
				ame			
i 1960	B, SCOTT M D SE 150 ST MERFIELD FL 34491-3823	-	Street Address		(P.OBox Number is Not Acceptable) — — —		
301	1141211 122D 1 2 34431-3023						
			Cit	City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered the obligations of registered agent.					red agent, or both, in the State of Florida. I am familiar with, and acce	pt	
uno opingulusta o regionesto agaile.							
SIGNATURE.	Signature, typed or printed name of registered agent	and title il applicable. (NOTE	. Registered Agen	ni signatura required	d when rensisting) DATE	,	
	ILE NOW!!! FEE IS \$150.00				9. Election Campaign Financing \$5.00 May 8		
After May 1, 2004 Fee will be \$550.00					Trust Fund Contribution. Added to Fees		
10.	OFFICERS AND	<u> </u>	ORS 11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	☐ Delete	TIFLE		☐ Change ☐ Addi	tion	
STREET ADDRESS	HADDOCK, PAUL J 11544 W RIDE DR		NAME STREET ADE	NBCCC .			
CITY-ST-ZIP	JACKSONVILLE FL 32223		CITY-ST-ZI				
TITLE	DV\$T	Delete	TITLE		☐ Crange ☐ Add	ition	
NAME	KALB, SCOTT M		NAME		•		
STREET ADDRESS CITY-ST-ZIP	1960 SE 150 ST SUMMERFIELD FL 34491-3823		STREET ADO				
TILE		☐ Delete	TITLE		☐ Change ☐ Addi	lion	
NAME			NAME			- 1	
STREET ADDRESS CITY-ST-ZIP -			CITY-ST-ZI				
TITLE		☐ Delete	TITLE		☐ Change ☐ Add	ition	
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADD				
TITLE		☐ Delete	TITLE		☐ Change ☐ Add	ition	
NAME		_ 5544	NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADD	h			
TITLE		☐ Delete	TITLE		☐ Change ☐ Add	ition	
NAME		TT POWE	NAME			,	
STREET ADDRESS			STREET ADS			į	
CITY-SI-7P CITY-SI-7P					110 OT/OV) Florido Conhace 11 de la conh		
I IZ. I nereby	certify that the information supplied with	n unis tiling does not qualify for	the exemplia	on stated in Se	iection 119.07(3)(i), Florida Statutes. I further certify that the information	#t	

12. I nereby certify that the information supplied with this tiling does not qualify for the exemption stated in Section 119.07(3)(). Horida 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:

3.2604 352-52-688

Daytime Phone