


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000113668		
1. Entity Name MARION COUNTY INVESTMENTS, INC.		
Principal Place of Business 4260 NE 35TH STREET OCALA, FL 34479	Mailing Address 4260 NE 35TH STREET OCALA, FL 34479	



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0392079	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent VANDEVEN, HARVEY 4260 NE 35 STREET OCALA, FL 34479	DO NOT WRITE IN THIS SPACE
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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 Harvey Vandeven Harvey Vandeven 1/15/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VANDEVEN, HARVEY 4260 NE 35TH STREET OCALA, FL 34479
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALDREN, SCOTT 4930 NE 44TH STREET OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RODRIGUEZ, BELINDA 4809 SE 11TH PLACE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/31/05-80007-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Harvey Vandeven Harvey Vandeven 1/15/05 (352) 236-3355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #