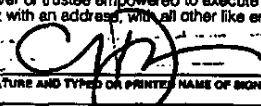


FILED
Jun 03, 2004 8:00 am
Secretary of State

04-30-2004 90239 041 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

P03000144141																															
1. Entity Name CLS INC OF OCALA CORPORATION																															
Principal Place of Business 514 SE 8 ST OCALA, FL 34471-3758		Mailing Address 514 SE 8 ST OCALA, FL 34471-3758																													
2. Principal Place of Business		3. Mailing Address																													
Suite, Apt. #, etc.		Suite, Apt. #, etc.																													
City & State		City & State																													
Zip	Country	Zip	Country																												
6. Name and Address of Current Registered Agent DURRANCE, CECIL 514 SE 8 ST OCALA, FL 34471-3758		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																													
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 _____ DATE _____ * Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 or less ☐ \$100.00 or more																													
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																													
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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: 		4-22-04 352-266-6230																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #																													