2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2004 8:00 am
Secretary of State
04-30-2004 90239 041 ***150.00

P03000144141

1. Entity Name
CLS INC OF OCALA CORPORATION

66426271

Principal Place of Business	Mailing Address
514 SE 8 ST OCALA, FL 34471-3758	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

03252004

4. FEI Number 20-0230253 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DURRANCE, CECIL 514 SE 8 ST OCALA, FL 34471-3758	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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	DPS DURRANCE, CECIL 514 SE 8 ST OCALA, FL 344713758		

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: [signature] 4-22-04 352-266-6230

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