

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P03000144401**

1. Entity Name  
RTG OCALA CORP.



Principal Place of Business  
11540 HIGHWAY 92 EAST  
SEFFNER, FL 33584

Mailing Address  
11540 HIGHWAY 92 EAST  
SEFFNER, FL 33584



01102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1780367

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BEYER, DAVID A  
C/O PIPER RUDNICK LLP  
101 EAST KENNEDY BLVD SUITE 2000  
TAMPA, FL 33602

**DO NOT WRITE  
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)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE DP  
NAME SEAMAN, JEFFREY  
STREET ADDRESS 400 PERIMETER CENTER TERRACE #800  
CITY-ST-ZIP ATLANTA, GA 30346

TITLE DVST  
NAME STEIN, LEWIS  
STREET ADDRESS 11540 HIGHWAY 92 EAST  
CITY-ST-ZIP SEFFNER, FL 33584

TITLE V  
NAME FINKEL, JEFFREY  
STREET ADDRESS 400 PERIMETER CENTER TERRACE 800  
CITY-ST-ZIP ATLANTA, GA 30346

TITLE VAST  
NAME KETTLE, MIKE  
STREET ADDRESS 400 PERIMETER CENTER TERRACE 800  
CITY-ST-ZIP ATLANTA, GA 30346

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000646169  
03/06/07-80019-024 150.00

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IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEWIS STEIN-V.P

1/26/07

Date

Daytime Phone #