

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2008 08:00 AM
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



01032008 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000950406
06/03/08-80065-023 150.00

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #