2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2004 8:00 am Secretary of State

1. Entity Name R A K ENTERPRISES OF OCALA, INC.								04-16-2004 90	042 023	***150.00	1
Principal Plac 4711 NW 60 OCALA, FL 3	TH STREET		Mailing Address 4711 NW 60TH STREET OCALA, FL 34482 US						- -		
2. Principal P	3. Mailing Address) Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04132004	Chg-P	CR2E	034 (10/03)		
City & Stat	e		City & State				4. FEI Numbe	90-0128	1971	<u> </u>	plied For Applicable
Zip	Country		Zip Coun		itry		5. Certificate	of Status Desired		\$8.75 Addi Fee Required	
	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent						
					Name						
SCHEETZ, KEVIN C 4711 NW 60TH STREET OCALA, FL 34482					Street Address (P.O. Box Number is Not Acceptable)						
								 ,	<u></u>	Zip Code	
					City				Fl	<u> </u>	
	named entit		or the purpose of changing its	s register	ed office or	registere	ed agent, or bo	th, in the State of Fk	orida. Lam	i familiar with, a	and accept
SIGNATURE.	Signature, typed	or printed name of registered agent	and tale if applicable. (NO	TE: Registere	d Agent signat	ure required	when revistating)		DATE		
		-FEE IS \$150.00 4 Fee will be \$550,			ncing	\$5. Adde	00 May Be—			=	.
10.		· OFFICERS AND	DIRECTORS	11.			ADDITIONS	CHANGES TO OFF	ICERS AN	D DIRECTORS	IN 11
TITLE	P		☐ Delete .	TITL	E .	1				Change	☐ Addition
NAME .	SCHEET	Ž, KEVIN C		NAM]					
STREET ADDRESS	4711 NW	60TH STREET		STRE	ET ADDRESS	!		†.			
CITY-ST-ZIP	OCALA, I	TL 34482		СПҮ	-ST-ZP	Ì	**		ŕ		
TITLE	VP.	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITE	E	νρ				Change	Addition
NAME .	CAMPET	2 KEVIN		NAM	(E	SCHE	ETZ JR.	Kevin-C			-
STREET ADDRESS		160TH STREET		STRI	EET ADDRESS	47111	VN 60TH	STREET			
CITY-ST-ZIP	OCALA.	FL 34482		CITY	-ST-ZIP	Dear		34492	•		
TITLE	7		☐ Delete	TITL	E	7				Change	D Addition
NAME	SCHEETE	, Any RUTH		NAM	Æ	5. use	TA Amy	RUTH			_
STREET ADDRESS	4711 N	J GOTH STREET		STRI	EET ADDRESS	UTILA	ITZ, Amy	STREET			"
CITY-ST-ZIP		FL 34482.		CITY	-ST-ZIP	OCAL		1482	•		
TITLE	,		☐ Delete	TITL	E		···, · · · ·			☐ Change	☐ Addition
NAME				NAM	IΕ						_
STREET ADDRESS	[.			STR	eet address ·	-	<u> </u>			۾ سيم پ	الم منگلات
CITY-ST-ZIP			_	CITY	-ST-ZIP	İ					
TITLE			☐ Delete	TITL	E		20.110			Change	Addition
NAME				NAM	IE						
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CHY+ST-ZP				cm	/-ST-ZIP						
TITLE			☐ Delete	1111	E					☐ Change	Addition
NAME				NAN	Æ						
STREET ADDRESS				STR	EET ADDRESS						
CHY-ST-ZIP				СПУ	r-ST-ZIP						
12. I hereby	certify that th	e information supplied with	h this filling does not qualify f	or the exe	emption sta	ted in Se	ction 119.07(3)	(i), Florida Statutes.	further ce	ertify that the in	formation

insucated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 SI

4/12/04

(352)17226535