


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90098 030 \*\*\*150.00

<b>DOCUMENT # P04000173432</b> 1. Entity Name <b>BRICK CITY INVESTMENT CORP</b>					
Principal Place of Business <b>1314 SE 49TH AVE OCALA, FL 34471</b>			Mailing Address <b>1314 SE 49TH AVE OCALA, FL 34471</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>13-4291120</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				03072005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>HAGER, JAY A 1415 SE 38TH CT OCALA, FL 34471</b>			7. Name and Address of New Registered Agent Name <b>O'Laughlin, Ronald</b> Street Address (P.O. Box Number is Not Acceptable) <b>1314 SE 49th Avenue</b> <b>Ocala</b> City <b>FL</b> Zip Code <b>34471</b>		
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 <u>Ronald O'Laughlin</u> <i>Ronald O'Laughlin</i> <b>4/10/05</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when terminating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>O'LAUGHLIN, RONALD</b> <b>1314 SE 49TH AVE</b> <b>OCALA, FL 34471</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Smith, Brenda L.</b> <b>4024 Evander Drive</b> <b>Orlando, FL 32812</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>HAGER, JAY A</b> <b>1415 SE 38TH CT</b> <b>OCALA, FL 34471</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like employment.					
<b>SIGNATURE:</b> <i>Ronald L. O'Laughlin</i> <b>RONALD L. O'LAUGHLIN</b> <b>4/10/05</b> <b>352-694-5022</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER Date Daytime Phone #</small>					