

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90001 050 ***150.00

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1. Entity Name
OCALA'S ONE STOP SHOP INC



Principal Place of Business

9900 S.R. 200
OCALA, FL 34481 US
9904 S.W. S.R. 200

Mailing Address

9900 S.R. 200
OCALA, FL 34481 US
9904 S.W. S.R. 200

2. Principal Place of Business

9904 S.W. S.R. 200
Suite, Apt. #, etc.

3. Mailing Address

9904 S.W. S.R. 200
Suite, Apt. #, etc.



01292006

Chg-P

CR2E034 (11/05)

City & State

OCALA FL

City & State

OCALA FL

4. FEI Number

20-3727476

Applied For

Not Applicable

Zip

34481

Country

U.S.

Zip

34481

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SERRANO, LUIS
13825 S.W. 64 RD
OCALA, FL 34481

7. Name and Address of New Registered Agent

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

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME SERRANO, LUIS ☐ Delete
STREET ADDRESS 13825 S.W. 64 RD
CITY-ST-ZIP Ocala, FL 34481

TITLE VP
NAME QUITANA, HERNAN ☐ Delete
STREET ADDRESS 13615 S.W. 53 ST
CITY-ST-ZIP Ocala, FL 34481

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME QUINTANA, HERNAN ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

02-01-06

Date

Daytime Phone #