

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P06000001443

1. Entity Name
OCALA CUSTOM CYCLES, INC.



FILED
Apr 24, 2007 08:00 AM
Secretary of State

Principal Place of Business
1726 NORTH MAGNOLIA AVENUE
OCALA FL 34475
US

Mailing Address
1721 SOUTHEAST 16 AVENUE
SUITE 104
OCALA FL 34471
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 20-2463000

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLANAGAN, GREGORY S
2701 SOUTHEAST MARICAMP ROAD
SUITE 104
OCALA FL 34471

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME GAYLORD, RONALD G SR
STREET ADDRESS 3681 SOUTHWEST 52ND TERRACE
CITY- ST- ZIP Ocala FL 34474

TITLE D ☐ Delete
NAME GAYLORD, RONALD G JR
STREET ADDRESS 3681 SOUTHWEST 52ND TERRACE
CITY- ST- ZIP Ocala FL 34474

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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☐ Change ☐ Addition
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05/07/07-80004-022 150.00

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CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]

Ronald G. Gaylord Sr.

per 4/23/07

873-3500
352-873-3500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #