## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000011922

City-St-Zip:

TALLAHASSEE, FL 32303

Entity Name: EXCLUSIVE ENTERPRISES OF OCALA, INC.

FILED Feb 06, 2007 Secretary of State

Littly Name: EXCLOSIVE ENTERFRISES OF OCALA, INC.						
Current Pr	incipal Place	of Business:	New Prince	New Principal Place of Business:		
364 MARPAN LANE TALLAHASSEE, FL 32305				3035 JACKSON BLUFF RD TALLAHASSEE, FL 32304		
Current Ma	ailing Addres	ss:	New Mail	New Mailing Address:		
364 MARPA TALLAHAS	AN LANE SSEE, FL 323	05		8035 JACKSON BLUFF RD TALLAHASSEE, FL 32304		
FEI Number:	74-3141619	FEI Number Applied For ( )	FEI Number Not App	licable ( ) Certificate of	f Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
EARNEST, RUSS 1073 HIGH MEADOW DRIVE TALLAHASSEE, FL 32311 US				EARNEST, RUSS 8273 SIERRA WOODS RUN TALLAHASSEE, FL 32311 US		
The above in the State		submits this statement for the p	ourpose of changing	its registered office or regis	stered agent, or both,	
SIGNATURE:				02/06/2007		
Electronic Signature of Registered Agent				Date		
Election Can	npaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P,T ( ) EARNEST, RUS 1037 HIGH ME TALLAHASSEE	ADOW DRIVE	Title: Name: Address: City-St-Zip:	()Change ()A	ddition	
Title: Name: Address: City-St-Zip:	MORRIS, REEI	OOD TERRACE	Title: Name: Address: City-St-Zip:	()Change ()A	ddition	
Title: Name: Address:	VP,D ( ) MULLINS, DOY 5740 ETOWAH		Title: Name: Address:	() Change () A	ddition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: RUSS EARNEST PRES 02/06/2007