2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 05, 2009
Secretary of State

DOCUMENT# P06000133599

Entity Name: HITCHING POST OF OCALA, INC.

Current Principal Place of Business:

2616 NW 8TH PLACE
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

2372 NW 58TH TERRACE
OCALA, FL 34482

New Mailing Address:

FEI Number: 20-5746750 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KLEIN, H. RANDOLPH
333 NW 3RD AVENUE
OCALA, FL 34475 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: MR ( ) Delete
Name: SKONE, JAY B PRES
Address: 5902 NW 25TH LANE
City-St-Zip: OCALA, FL 34482

Title: MR. ( ) Delete
Name: SMITH, BRIAN P DIR
Address: 4336 TOWNS COMMONS CIRCLE NE
City-St-Zip: ATLANTA, GA 30319

Title: MRS ( ) Delete
Name: SKONE, SHARON R DIR
Address: 2372 NW 58TH TERRACE
City-St-Zip: OCALA, FL 34482

Title: MR ( ) Delete
Name: SKONE, JAMES B SEC
Address: 2372 NW 58TH TERRACE
City-St-Zip: OCALA, FL 34482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MR (X) Change ( ) Addition
Name: SKONE, JAY B SEC
Address: 5902 NW 26TH LANE
City-St-Zip: OCALA, FL 34482 US

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: JAY B SKONE PRES 11/05/2009

Electronic Signature of Signing Officer or Director — Date