

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000042737

FILED
Feb 15, 2008
Secretary of State**Entity Name:** CHEVRON OF OCALA, INC**Current Principal Place of Business:**5985 W HWY 40
OCALA, FL 34482**New Principal Place of Business:****Current Mailing Address:**5985 W HWY 40
OCALA, FL 34482**New Mailing Address:****FEI Number:** 20-8791272**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FLORIO, ANGELA
5985 W HWY 40
OCALA, FL 34482 US**Name and Address of New Registered Agent:**ZUAL ISLAM, MD P
5985 W HWY 40
OCALA, FL 34482 US

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: MD ZUAL ISLAM

02/15/2008

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: VPD () Delete
Name: AHSAN, SANZIDA
Address: 8045 BRACKEN LANE
City-St-Zip: MELBOURNE, FL 32940

Title: PD (X) Delete
Name: AHSAN, SOHEL M
Address: 8045 BRACKEN LANE
City-St-Zip: MELBOURNE, FL 32940

Title: V (X) Delete
Name: FLORIO, ANGELA
Address: 5985 WEST HIGHWAY 40
City-St-Zip: OCALA, FL 34482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ZUAL ISLAM, MD P
Address: 5985 W HIGHWAY 40
City-St-Zip: OCALA, FL 34482

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

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

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: MD ZUAL ISLAM

P

02/15/2008

Electronic Signature of Signing Officer or Director_____
Date