

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P07000042737

Entity Name: CHEVRON OF OCALA, INC

**FILED**  
**Nov 25, 2009**  
**Secretary of State****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 M S  
5985 W HWY 40  
OCALA, FL 34482 US**Name and Address of New Registered Agent:**ISLAM, MD Z P  
3322 SW 39TH STREET  
OCALA, FL 34474 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 Z ISLAM

11/25/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: P ( ) Delete  
Name: AHFAN, SOHEL P  
Address: 5985 W HIGHWAY 40  
City-St-Zip: OCALA, FL 34482Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P, S (X) Change ( ) Addition  
Name: ISLAM, MD Z  
Address: 3322 SW 39TH STREET  
City-St-Zip: OCALA, FL 34474Title: VP ( ) Change (X) Addition  
Name: LOKMAN, CHOWDHURY  
Address: 1515 SW 112TH STREET  
City-St-Zip: GAINESVILLE, FL 32607

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 Z ISLAM

P, S

11/25/2009

Electronic Signature of Signing Officer or Director

Date