

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000031962

Entity Name: OCALA FLYERS, INC.

FILED
Jul 01, 2009
Secretary of State

Current Principal Place of Business:

3347 SW 7TH ST
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

POB 536
OCALA, FL 34478 US

New Mailing Address:

FEI Number: 59-3179905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICHOLS, CARMAN
3347 SW 7TH ST
OCALA, FL 34474 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: BRINSKO, JOHN
Address: 3884 SE 23RD CT
City-St-Zip: OCALA, FL 34480

Title: PD () Delete
Name: NICHOLS, CARMAN
Address: 3230 SW 51ST TERRACE
City-St-Zip: OCALA, FL

Title: VD () Delete
Name: DANIELS, HARRY
Address: 3306 NE 30TH CT
City-St-Zip: OCALA, FL 34479

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:

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: JOHN BRINSKO

DST

07/01/2009

Electronic Signature of Signing Officer or Director

Date