
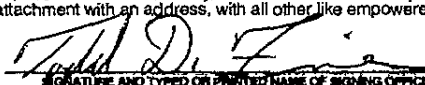


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000076843</b>		
1. Entity Name <b>CIRCLE B OF OCALA, INC.</b>		
Principal Place of Business <b>3371 NW BLITCHTON RD OCALA, FL 34475</b>	Mailing Address <b>12788 US 90 WEST LIVE OAK, FL 32060 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>HALEY, WILLIAM J ESQUIRE 10 N. COLUMBIA ST. LAKE CITY, FL 32055</b>		<b>DO NOT WRITE IN THIS SPACE</b>
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRIER, WAYNE RT 8 BOX 1048 LIVE OAK, FL	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIER, MATTHEW WAYNE RT 8 BOX 1048 LIVE OAK, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FRIER, TODD D 12788 US 90 WEST LIVE OAK, FL 32060	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BOLLING, RICKEY J 3371 NW BLITCHTON RD OCALA, FL 34475	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
<b>SIGNATURE:</b>  <b>Todd D. Frier</b>		<b>3-1-05</b> <small>Date</small>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>386-362-2730</b> <small>Daytime Phone #</small>



02282005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3209536</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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03/02/05-80042-002 150.00