

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000076843

Entity Name: CIRCLE B OF OCALA, INC.

**FILED**  
**Feb 24, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1031 N. PINE AVE.  
OCALA, FL 34475

**New Principal Place of Business:**

**Current Mailing Address:**

12788 US 90 WEST  
LIVE OAK, FL 32060 US

**New Mailing Address:**

FEI Number: 59-3209536

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROBINSON, KRIS B  
582 W DUVAL ST.  
LAKE CITY, FL 32055 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: PD  
Name: FRIER, WAYNE  
Address: 12788 US HWY 90W  
City-St-Zip: LIVE OAK, FL 32060

Title: D  
Name: FRIER, MATTHEW WAYNE  
Address: 12788 US HWY 90W  
City-St-Zip: LIVE OAK, FL 32060

Title: VPD  
Name: FRIER, TODD D  
Address: 12788 US 90 WEST  
City-St-Zip: LIVE OAK, FL 32060

Title: STD  
Name: BOLLING, RICKEY J  
Address: 3371 NW BLITCHTON RD  
City-St-Zip: OCALA, FL 34475

I hereby 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 all other like empowered.

SIGNATURE: TODD D. FRIER

VP

02/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date