

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000051061

FILED
Jan 08, 2004
Secretary of State

Entity Name: OCALA FOOTACTION, INC.

Current Principal Place of Business:

3100 SW COLLEGE RD
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

PO BOX 141269
IRVING, TX 75063

New Mailing Address:

FEI Number: 59-3329000

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 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: V () Delete
Name: APPLBAUM, LEE D
Address: 279 SPRING VALLEY RD
City-St-Zip: PALISADES PARK, NJ 07650

Title: VP () Delete
Name: COLTER, WARREN
Address: 3835 GRANBURY DR DALLAS
City-St-Zip: DALLAS, TX 07340

Title: P () Delete
Name: NEVILLE, SHAWN
Address: 24 B OLD FARM RD. DARIAN CY
City-St-Zip: DARIEN, CT 06820

Title: S () Delete
Name: GALANTE, ADREA
Address: 24 B OLD FARM RD
City-St-Zip: DARIEN, CT 06820

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: APPLBAUM, LEE D
Address: 279 SPRING VALLEY RD
City-St-Zip: PALISADES PARK, NJ 07650

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

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

Title: AS (X) Change () Addition
Name: GALANTE, ADREA
Address: 24 B OLD FARM RD
City-St-Zip: DARIEN, CT 06820

Title: VP () Change (X) Addition
Name: WILSON, MARY BETH
Address: 3201 W. ROYAL LANE
City-St-Zip: IRVING, TX 75063

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARY BETH WILSON

VP

01/08/2004

Electronic Signature of Signing Officer or Director

Date