## 2004 FOR PROFIT CORPORATION

## Jun 07, 2004 8:00 am Secretary of State 4/26 ANNUAL REPORT 5/24 **DOCUMENT # P95000085811** 04-26-2004 90510 003 \*\*\*\*61.25 OCALA LIGHTNING, INC. 05-24-2004 90002 033 \*\*\*\*88.75 Principal Place of Business Mailing Address PO BOX 535 6411 NE 217TH PLACE ORANGE SPRINGS, FL 32182 CITRA FL 32113 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212004 CR2E034 (10/03) Applied For City & State 4. FEI Number City & State **NOT APPLICABLE** Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BALDWIN-JERI: Street Address (P.O. Box Number is Not Acceptable) **6411 NE 217TH PLACE** CITRA\_FL\_32113 Zip Code B. 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 tamillar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algosium required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. JAYE PERRETT TITLE Addition TITLE ☐ Delete BALDWIN, JERI NAME 265 E. HOUNAY 318 STREET ADDRESS 6411 N.E. 217TH PLACE STREET ADDRESS CITY-ST-ZIP CITRA, FL 32113 CITY - ST - ZIP Citca Florida Delete TITLE ☐ Change Addition me LIGHT, DEBORAH ANN MANTE NACE 110 DIVISION STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP SAG HARBOR, NY 11963 Change ☐ Addition TITLE Delete RAUM MARY MAR NAME STREET ADDRESS STREET ADDRESS 2845 SE THIRD CT. OCALA, FL 34471 CITY-ST-ZP CITY-SI-ZIP ☐ Change M Addition TITLE ☐ Dekta TITLE MACDONALD, WILLIAM "BILL" NAME 6260 NW 61 LANE STREET ADDRESS STREET AUTORESS OCALA, FL 34482 CITY-ST-ZP CITY-ST-ZP IIILE ☐ Delete TITLE ☐ Change ☐ Addition NAME MALET

12. I hereby certify that the information supplied with this filing does not qualify for the examption 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 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 appears with all other like empowered.

TIRE HARAT

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2004 FOR PROFIT CORPORATION Affarment ANNUAL REPORT atlachman 66427159 DOCUMENT # P95000085811 OCALA LIGHTNING, INC. Principal Place of Business Mailing Address 6411 NE 217TH PLÄCF PO BOX 535 CITRA, FL 32113 📑 ORANGE SPRINGS, FL 32182 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For **NOT APPLICABLE** Not Applica Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BALDWIN, JERI: **6411 NE 217TH PLACE** Street Address (P.O. Box Number is Not Acceptable) **CITRA, FL 32113** Zip Code FL 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 acce the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ... OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DIRECTOR JAYE PERLUTT TITLE DIRECTOR ☐ Change ☐ Delete Addit. BALDWIN, JERI NAME 265 E. HIGHNAY STREET ADDRESS 6411 N.E. 217TH PLACE STREET ADDRESS CITY-ST-ZIP **CITRA, FL 32113** CITY-ST-ZIP CITCA. FLORIDA DIRECTOR ☐ Delete TiTLE ☐ Change Additi-LIGHT, DEBORAH ANN NAME STREET ADDRESS 110 DIVISION STREET STREET ADDRESS CITY-ST-ZIP SAG HARBOR, NY 11963 CITY-ST-ZIP DIRECTOR - Delete TITLE Change Addit RAUM, MARY NAME STREET ADDRESS 2845 SE THIRD CT. STREET ADDRESS CITY-ST-ZIP OCALA, FL 34471. CITY-ST-ZIP DIRETOR ☐ Delete TITLE ☐ Change ☐ Additi MACDONALD, WILLIAM "BILL" NAME STREET ADDRESS 6260 NW 61 LANE STREET ADDRESS CITY ST-ZIP OCALA, FL 34482 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addit. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete IIΠF ☐ Change ☐ Additi NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(i), 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 direct 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Zip

10.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR