


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2004 8:00 am
Secretary of State

4/26/
5/24/

04-26-2004 90510 003 ****61.25
05-24-2004 90002 033 ****88.75

DOCUMENT # P95000085811 1. Entity Name OCALA LIGHTNING, INC.					
Principal Place of Business 6411 NE 217TH PLACE CITRA, FL 32113			Mailing Address PO BOX 535 ORANGE SPRINGS, FL 32182 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent BALDWIN, JERI 6411 NE 217TH PLACE CITRA, FL 32113				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 signature required when reappointing)</small> <div style="float: right;">DATE _____</div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BALDWIN, JERI 6411 N.E. 217TH PLACE CITRA, FL 32113		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JAYE PERROT 2615 E. HIGHWAY 318 CITRA, FLORIDA 32113	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LIGHT, DEBORAH ANN 110 DIVISION STREET SAG HARBOR, NY 11963		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RAUM, MARY 2845 SE THIRD CT. OCALA, FL 34471		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MACDONALD, WILLIAM "BILL" 6260 NW 61 LANE OCALA, FL 34482		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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.					
SIGNATURE: <u>Jeri Baldwin</u> <small>SIGNATURES AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			21 APRIL 2004 <small>Date</small>		352-595-3377 <small>Daytime Phone #</small>

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Attachment

Attachment

66427159

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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number NOT APPLICABLE				Applied For Not Apply	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent BALDWIN, JERI 6411 NE 217TH PLACE CITRA, FL 32113			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BALDWIN, JERI 6411 N.E. 217TH PLACE CITRA, FL 32113 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAYE PERRATT DIRECTOR 2645 E. HIGHWAY 318 CITRA, FLORIDA 32113 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR LIGHT, DEBORAH ANN 110 DIVISION STREET SAG HARBOR, NY 11963 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RAUM, MARY 2845 SE THIRD CT. OCALA, FL 34471 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MACDONALD, WILLIAM "BILL" 6260 NW 61 LANE OCALA, FL 34482 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit.	
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SIGNATURE: <u>Jeri Baldwin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			21 APRIL, 2004 <small>Date</small>		352-595-3377 <small>Daytime Phone #</small>