

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000002981

Entity Name: FOUR M OCALA, INC.

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

C/O M. FARINA, 50 BEACH ROAD, UNIT 104  
104  
TEQUESTA, FL 33469

**New Principal Place of Business:**

**Current Mailing Address:**

C/O M. FARINA, 50 BEACH ROAD, UNIT 104  
104  
TEQUESTA, FL 33469

**New Mailing Address:**

FEI Number: 65-0732622

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FARINA, MICHAEL R MR  
50 BEACH ROAD  
TEQUESTA, FL 33469 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: FARINA, MICHAEL R  
Address: C/O M. FARINA, 50 BEACH ROAD, UNIT 104  
City-St-Zip: TEQUESTA, FL 33469

Title: PD  
Name: FARINA, MICHAEL C  
Address: C/O M. FARINA, 50 BEACH ROAD, UNIT 104  
City-St-Zip: TEQUESTA, FL 33469

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: MICHAEL R. FARINA

TREA

01/13/2011

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

\_\_\_\_\_  
Date