

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # P97000055854

1. Entity Name
FRANCO OF OCALA, INC.



Principal Place of Business
**7355 SW 38TH STREET
UNIT 106A
OCALA, FL 34474**

Mailing Address
**107 NE 1ST AVE.
OCALA, FL 34470**



02262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3487159	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired XX	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TONA, FRANK J
7355 SW 38TH STREET UNIT 106A
OCALA, FL 34474**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TONA, FRANK J
STREET ADDRESS	7355 SW 38TH STREET, UNIT 106A
CITY-ST-ZIP	OCALA, FL 34474

TITLE	
NAME	
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CITY-ST-ZIP	

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U00000861178
04/02/08-80092-008-158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK TONA

Date _____

Daytime Phone # _____