

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 21, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000056487

1. Entity Name
SOUTH OCALA LICENSED DEALERS, INC.



Principal Place of Business
5050 SOUTH PINE AVENUE
OCALA, FL 34472

Mailing Address
PO BOX 812
BELLEVIEW, FL 34421



01262007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3474875

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GRAVETT, LEONARD WAYNE
5050 SOUTH PINE AVENUE
OCALA, FL 34472

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000642797
03/01/07-80058-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	GRAVETT, WAYNE L
STREET ADDRESS	5050 SOUTH PINE AVENUE
CITY-ST-ZIP	OCALA, FL 34472
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Wayne L Gravett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/07 352-(624 2121)