


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90293 020 ***150.00

DOCUMENT # P97000107082
 1. Entity Name
BOBCAT OF OCALA, INCORPORATED



Principal Place of Business Mailing Address
 415 N. MAGNOLN AVE. 7410 EAST COLONIAL DRIVE
 OCALA, FL 34475 US ORLANDO, FL 32807 US

DO NOT WRITE IN THIS SPACE

19011981



04262005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3485304	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KINGSLAND, RICHARD A
 7410 EAS COLONIAL DRIVE
 ORLANDO, FL 32807

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ROADERICK, BRIAN 8200 NW 43RD LN OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KINGSLAND, RICHARD A 1350 GRAFTON COURT OVIEDO, FL 32765
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 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: R. A. Kingstone Date: 4/27/05 Daytime Phone #: (407) 773-7783
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR