

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

|   |  |   |
|---|--|---|
| DOCUMENT # P97000107082                         |  |  |
| 1. Entity Name<br>BOBCAT OF OCALA, INCORPORATED |  |   |

FILED  
08 SEP 12 PM 12:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |   |
|--|---|
| Principal Place of Business<br>5211 SILVER SPRINGS BLVD.<br>OCALA, FL 34482 US | Mailing Address<br>7410 EAST COLONIAL DRIVE<br>ORLANDO, FL 32807 US |
|--|---|

|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br>5211 W. Silver Springs BLVD | 3. Mailing Address<br>5211 W. Silver Springs BLVD |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                               |

|                          |                          |                             |                               |
|--------------------------|--------------------------|-----------------------------|-------------------------------|
| City & State<br>Ocala FL | City & State<br>Ocala FL | 4. FEI Number<br>59-3485304 | Applied For<br>Not Applicable |
| Zip<br>34482             | Country<br>USA           | Zip<br>34482                | Country<br>USA                |



09092008 Chg-P CR2E034 (12/06)

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|--|--|---|--|
| 6. Name and Address of Current Registered Agent<br>KINGSLAND, RICHARD A<br>7410 EAST COLONIAL DRIVE<br>ORLANDO, FL 32807 |  | 7. Name and Address of New Registered Agent<br>Name<br>FORD, JACQUES<br>Street Address (P.O. Box Number is Not Acceptable)<br>5211 W. Silver Springs BLVD<br>City<br>Ocala FL Zip Code<br>34482 |  |
|--|--|---|--|

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:  Jacques Ford 9/11/2008  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|                       |   |
|-----------------------|---|
| Amended AR is \$61.25 | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |
|-----------------------|---|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>ROADERICK, BRIAN<br>8200 NW 43RD LN<br>OCALA, FL 34482 <input checked="" type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PRESIDENT/D<br>FORD, JACQUES<br>5211 W. Silver Springs BLVD<br>OCALA FL 34482 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>KINGSLAND, RICHARD A<br>1350 GRAFTON COURT<br>OVIEDO, FL 32765 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VICE PRESIDENT/D<br>LEWIS, CARROLL E.<br>6800 S.W. 18th TER RD<br>OCALA FL 34476 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | SECRETARY/TREASURER/D<br>FORD, DANA E.<br>405 S.E. 15th AVE<br>OCALA FL 34471 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 700136250447<br>09/23/08--01025--018 **70.00   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 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:  Jacques Ford, President 9/11/2008 (352) 598-3261  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ma/s