# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 18, 2005**
**Secretary of State**

DOCUMENT# P98000004171

**Entity Name:** FORD OF OCALA, INC.

**Current Principal Place of Business:**

2816 N.W. PINE AVENUE
OCALA, FL 34475 US

**New Principal Place of Business:**

**Current Mailing Address:**

509 E. NASA BLVD.
MELBOURNE, FL 329011943 US

**New Mailing Address:**

**FEI Number: 59-3487109** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

MARKEY & FOWLER, P.A.
25 MCLEOD STREET
MERRITT ISLAND, FL 32593 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: DEARDOFF, R B
Address: 509 E. NASA BLVD.
City-St-Zip: MELBOURNE, FL 329011943 US

Title: V ( ) Delete
Name: SCOTT, GARY L
Address: 2816 N.W. PINE AVENUE
City-St-Zip: OCALA, FL 34475 US

Title: ST ( ) Delete
Name: CHENEY, E RENEE
Address: 509 E. NASA BLVD.
City-St-Zip: MELBOURNE, FL 329011943 US

Title: P ( ) Delete
Name: CHAVARA, JOE
Address: 509 E. NASA BLVD.
City-St-Zip: MELBOURNE, FL 329011943 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: R B DEARDOFF D 01/18/2005

Electronic Signature of Signing Officer or Director — Date