2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

AMENDED ANNUAL REPORT									FILED				
DOCUMENT # P9800004171 1. Entity Name FORD OF OCALA, INC.									2007 APR 2	6 AM			
						600 VI	100	-	SECRETAR F ALLAHAS S	EU S	HATE		
				Mailing Address					MELAHASS	יבנ, רב	.UKIDA		
2816 N.W. PINE AVENUE Ocala, Fl. 34475 US				1850 E MERRITT ISLAND CSWY MERRITT ISLAND, FL 32952-2665 US							Ġ		
										III 48 4II 88III 8	(BB) (IBH 1888) (IB	IR 86 21 18 B1	
2. Principal Place of Business - No P.O. Box #				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04062007	Chg-P	CR2E	034 (12/06)		
City & State				City & State				4. FEI Number 59-348				plied For t Applicable	
Zip	Country			Zip	itry	5. Certificate of Status D			X	\$8.75 Add	itional		
6. Name and Address of Current R			Regis	tered Agent		7. Name and Address of New Registered Agent				j			
C. Haine and Address of Garrent Registered Agent						Name							
SCHILLINGER & COLEMAN, PA 1311 BEDFORD DRIVE MELBOURNE, FL 32940					Street Address (P.O. Box Number is Not Acceptable)								
						City				FL	Zip Code		
8 The above	named entit	v submits this statement for	r the r	auroose of changing its	renistar	ed office or	renietor	ad agent or bo	th in the State of El				
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. It 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													
Amended AR is \$61.25 9. Election Campaign Financing Trust Fund Contribution.								00 May Be ad to Fees					
10. OFFICERS AND DIRECTORS 11.									CHANGES TO OF	ICERS AN		S IN 11	
TITLE NAME	DEARDO	EE O B	☐ Delete		TITLE President			μ		Change	☐ Addition		
STREET ADDRESS	DEARDOFF, R B 1850 E MERRITT ISLAND CSWY					EET ADDRESS	NESS .						
CITY-ST-ZIP		ISLAND, FL 32952266		CITY	'- ST- ZIP			. 1. /2					
TITLE NAME	V Delete					E .		☐ Change ☐ Addition					
STREET ADDRESS		I. PINE AVENUE			EET ADDRESS	800102236368 05/14/0701008014 **70.00					הח ה הח ה		
CITY-ST-ZIP	OCALA, F	L 34475			CITY	-ST-ZIP							
TITLE NAME	ST CHENEY	, E RENEE		☐ Delete	TITL NAM	i					Change	Addition	
STREET ADDRESS	1	ERRITT ISLAND CSW	1			EET ADDRESS							
CITY-ST-ZIP	MERRITT	ISLAND, FL 32952266	55		CITY	'-ST-ZIP							
TITLE NAME	P CHAVAR	A IOE		Delete	TITL	I					☐ Change	☐ Addition	
STREET ADDRESS	1	ERRITT ISLAND CSW	1			EET ADDRESS						}	
CITY-ST-ZIP	MERRITT	ISLAND, FL 32952266	55		CITY	-ST-ZIP							
TITLE NAME				☐ Delete	TITL	I					☐ Change	Addition	
STREET ADDRESS						EET ADDRESS							
CHTY-ST-ZIP					CITY	-ST-ZIP							
TITLE NAME				☐ Delete	TITL	- 2		91.	1/20		Change	Addition	
STREET ADDRESS					STR	EET ADDRESS	45	014	# / V'				
CITY-ST-ZIP	nortife that the	a information augustical	unio 1	iling does not suctify to		-SI-ZIP	ntoinari	Lin Chanter 111	Florida Ciatata	forgation	rife, that the	otormetie:	
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 treated accurate and tart 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 att	achment with an address.	Kith A	Il other like empowered	- equ	ned by Crid:	piei 007					1	
SIGNATURE: 4-12-07 32/4529634													
		SIGNATURE AND TYPED OR P	RINTE	NAME OF SHING OFFICER	OR DIREC	TOR			Date		Daytime Phone #		
		NO DEM	U	711/									