

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000095059**

1. Entity Name  
**M A F OCALA, INC.**



Principal Place of Business  
**5655 SOUTHEAST EVANS DRIVE  
STUART, FL 34997**

Mailing Address  
**5655 SOUTHEAST EVANS DRIVE  
STUART, FL 34997**



01212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0875988**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**TONA, FRANK J  
6144 SOUTHWEST HIGHWAY 200  
OCALA, FL 34476**

**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 reinstalling)

DATE \_\_\_\_\_

**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**

**000000205736  
01/31/05-80055-016 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	TONA, FRANK J
STREET ADDRESS	6144 SOUTHWEST HIGHWAY 200
CITY-ST-ZIP	OCALA, FL 34478
TITLE	D
NAME	FARINA, ARMANDO
STREET ADDRESS	6539 SOUTHEAST FEDERAL HIGHWAY
CITY-ST-ZIP	STUART, FL 34997
TITLE	D
NAME	FARINA, MICHAEL R
STREET ADDRESS	FIVE COLD HILL ROAD #3
CITY-ST-ZIP	MENDHAM, NJ 07945
TITLE	D
NAME	FARINA, MICHAEL C
STREET ADDRESS	FIVE COLE HILL ROAD #3
CITY-ST-ZIP	MENDHAM, NJ 07945
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)(f), 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:** **MICHAEL C. FARINA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/21/05 973-543-1500**

Date

Daytime Phone #