


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00
Secretary of State

DOCUMENT # P99000071499 1. Entity Name DOUBLE R MANUFACTURING OCALA, INC.	
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Principal Place of Business 5529 SOUTHWEST 1ST LANE OCALA, FL 34474	Mailing Address 5529 SOUTHWEST 1ST LANE OCALA, FL 34474
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04212006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3606852	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MOORE, THOMAS R 5529 SOUTHWEST 1ST LANE OCALA, FL 34474

**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 reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

U00000527760
05/05/06-80008-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	MOORE, THOMAS R
STREET ADDRESS	5529 SOUTHWEST 1ST LANE
CITY-ST-ZIP	OCALA, FL 34474
TITLE	TS
NAME	MOORE, JULIA R
STREET ADDRESS	5529 SW 1ST LANE
CITY-ST-ZIP	OCALA, FL 34474
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 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:  **Thomas R Moore** **4/21/06** **(352) 873-1441**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #