


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # V11225**  
 1. Entity Name  
**CONSOLIDATED PROPERTIES OF OCALA, INC.**



Principal Place of Business 207 N. MAGNOLIA AVE. OCALA, FL 34475 US	Mailing Address PO BOX 3961 OCALA, FL 34478 US
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**DO NOT WRITE IN THIS SPACE**



03302004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3108361</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

TRENTELMAN, JOHN C.  
 207 N. MAGNOLIA AVE.  
 OCALA, FL 34475

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and (file if applicable). (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBINSON, PAIGE 1758 SE 5TH ST. OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CHARDAIN, ALAIN A. 1101 SE 14TH TERR OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TRUMM, HOWARD W. 1112 SE 15TH AVE. OCALA, FL 34471
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**

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 04/26/04-20033-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Alain A. Chardain 4/28/04 352 351 2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #