

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**

DO NOT WRITE IN THIS SPACE



03302004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3108361

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** 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 _____
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, 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	

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04/26/04-20033-001 150.00

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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)(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 #