


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N25600
 1. Entity Name
 OCALA HEXAPORT, INC.



Principal Place of Business: 2000 SW 60TH AVENUE, OCALA, FL 34474 US
 Mailing Address: P.O. BOX 6908, OCALA, FL 34478 US



DO NOT WRITE IN THIS SPACE

01102005 No Chg-NP CR2E037 (10/03)
 4. FEI Number 59-2933946 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 TROW, CHESTER J.
 125 NORTHEAST FIRST AVENUE, SUITE 2
 OCALA, FL 32670

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	POWELL, STEVEN T
STREET ADDRESS	4986 SW 7 AVE RD
CITY-ST-ZIP	OCALA, FL 34474
TITLE	D
NAME	VILLELLA, THOMAS L
STREET ADDRESS	1203 SW ST STE 7
CITY-ST-ZIP	OCALA, FL 34474
TITLE	D
NAME	HALL, LANE
STREET ADDRESS	10755 N.E. 41ST TERRACE
CITY-ST-ZIP	ANTHONY, FL 32617
TITLE	STD
NAME	VANVOORHEES, R.C.
STREET ADDRESS	8520 NW 63RD ST
CITY-ST-ZIP	OCALA, FL
TITLE	D
NAME	ADAMS, DANIEL P
STREET ADDRESS	2251 S.W. 90TH STREET
CITY-ST-ZIP	OCALA, FL 34480
TITLE	PD
NAME	DEATON, JOHN S
STREET ADDRESS	2130 SW 37TH ST RD
CITY-ST-ZIP	OCALA, FL 34474

1100001318984
 04/16/05-80018-014 61.25
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 617, 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: _____ Date: 4/10/05 352732033.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #