## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 23, 2007 8:00 am Secretary of State

1. Entity Nam	ne	# <b>324791</b> DA REALTY COI	Y, INC. OF OCA	LA		01-23-2007 90016 030 ***150.00					
Principal Place of Business 1215 S.E. 12TH CT OCALA, FL 34471				Mailing Address P.O. BOX 5849 OCALA, FL 34478							
Principal Place of Business - No P.O. Box #     3. Mailing Address											
Suite, Apt. #, etc.				Suite, Apt. #, etc.		01192007	Chg-P	CR2E	034 (12/06)		
City & State				City & State		4. FEI Numb				plied For t Applicable	
Zip	Country			Zip	Coun	itry	5. Certificate	of Status Desired		\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name					
KAY, DONALD H JR 811.NE 36TH AVE: OCALA, FL 34470						Street Address P. 2 Box Number is Net Acceptable)					
						City Oc	City OCALA FL 3				77/
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  On 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	d or privated name of registered ag	d when remistating	(	DATE	7,000	• <u> </u>				
FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees											
10.	i aa	OFFICERS AI		11.	· 1	ADDITIONS	CHANGES TO OFF	ICERS AN			
TITLE NAME	PD Delete KAY, DONALD H. JR.				TITLI	<b>I</b>				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	1215 S.E. OCALA, F	. 12TH CT. FL				ET ADDRESS - ST - ZIP					
TITLE	ST Del				TITU				•	☐ Change	Addition
name Street address	KAY, MARTHA A. 1215 S.E. 12TH CT.					E ET ADDRESS					
CITY-ST-ZIP						-ST-ZIP					
TITLE	D Detete III KAY, MARTHA A. NAI					1				☐ Change	☐ Addition
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CITY-ST-ZIP						- ST - ZIP					
TITLE NAME				☐ Delele	TITU NAM					☐ Change	Addition
STREET ADDRESS						EET ADDRESS					'
CITY-ST-21P		<del></del>			_	-ST-ZIP		<del></del>			- Addition
TITLE NAME				Delete	TITL					☐ Change	☐ Addition
STREET ADDRESS						ET ADDRESS					
CITY-SY-ZIP				☐ Delete	TITL	-ST-ZIP				☐ Change	Addition
NAME				L Delete	NAM					Onungo	
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -st-zip					
12. I hereby	l certify that th	ne information supplied	with this	filing does not qualify for	or the ex	emptions contained	d in Chapter 11	9, Florida Statutes. I	further ce	rtify that the in	nformation
12. I hereby certify that the information supplied with this filling 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.											