2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

7/27/

FILED
Sep 08, 2005 8:00 am
Secretary of State
07-27-2005 90050 028 ***150.00
09-08-2005 90070 025 ***400.00

DOCUMENT # 435373

1. Entity Name
OCALA LAND DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
5761 S W 15 ST WEST MIAMI FL 33144	5761 S W 15 ST WEST MIAMI FL 33144

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
5761 SW 15 ST	5761 SW 15 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEST MIAMI	City & State: WEST MIAMI
Zip: 33144 Country: DADE	Zip: 33144 Country: DADE

4. FEI Number 65-0438204 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COMBALUZIER, GEORGE L
5761 S W 15 ST
WEST MIAMI FL 33144

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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] 7-20-4
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, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	COMBALUZIER, GEORGE L	
STREET ADDRESS	5761 S W 15 ST	
CITY-ST-ZIP	WEST MIAMI FL 33144	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: GEORGE L COMBALUZIER [signature] 7-18-5
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #