

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 670351**

1. Entity Name  
OCALA SILVER SPRINGS REAL ESTATE CORP.



Principal Place of Business  
4121 N.E. SILVER SPRINGS BLVD.  
OCALA, FL 34470-5003

Mailing Address  
4121 N.E. SILVER SPRINGS BLVD.  
OCALA, FL 34470-5003



**DO NOT WRITE IN THIS SPACE**

03022005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-2000460

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

HALE, MOLLIE  
4121 NE. SILVER SPRINGS BLVD.  
OCALA, FL 34470

**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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000250638  
03/04/05-80019-008 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PTD  
HALE, MOLLIE  
4121 NE SILVER SPRINGS BLVD.  
OCALA, FL 344705003

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SD  
HALE, ROY  
4121 NE SILVER SPRGS BLV  
OCALA, FL 344705003

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**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)(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:**

*Mollie Hale*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-05 352-236-1152  
Date Daytime Phone #