2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004
Secretary of State

DOCUMENT# 681304

Entity Name: OCALA INVESTMENT HOLDINGS, INC.

Current Principal Place of Business:

1500 S.E. 17TH STREET
OCALA, FL 34471

New Principal Place of Business:

1500 S.E. 17TH STREET
600
OCALA, FL 34471

Current Mailing Address:

1500 S.E. 17TH STREET
OCALA, FL 34471

New Mailing Address:

1500 S.E. 17TH STREET
600
OCALA, FL 34471

FEI Number: 59-2018821 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GASSMAN, ALAN S ESQ
1245 COURT STREET SUITE 102
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MORSE, KENNETH H.,
Address: 1500 SE 17TH ST, #600
City-St-Zip: OCALA, FL

Title: D ( ) Delete
Name: BRINSKO, JOHN M.,
Address: 1500 SE 17TH ST, #600
City-St-Zip: OCALA, FL

Title: PD ( ) Delete
Name: LOGAS, PAUL C.,
Address: 1500 SE 17TH ST, #600
City-St-Zip: OCALA, FL

Title: TD ( ) Delete
Name: HAWK, CHERYL J
Address: 1500 S.E. 17TH ST. #600
City-St-Zip: OCALA, FL

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD ( ) Change (X) Addition
Name: KERNS, SUSAN F
Address: 1500 SE 17TH STREET, #600
City-St-Zip: OCALA, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL C. LOGAS, M.D. PD 07/19/2004

Electronic Signature of Signing Officer or Director — Date