

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H59296

FILED
Jan 26, 2007
Secretary of State

Entity Name: UNITED REALTY CORPORATION OF OCALA, INC.

Current Principal Place of Business:

6700 NW 90TH AVENUE
OCALA, FL 34482 US

New Principal Place of Business:

Current Mailing Address:

6700 NW 90TH AVE.
OCALA, FL 34482 US

New Mailing Address:

FEI Number: 59-2644259

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIKE, CAROL A
6700 NW 90TH AVE
OCALA, FL 34482 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: PTS () Delete
Name: RIKE, CAROL ANN,
Address: 6700 NW 90TH AVE.
City-St-Zip: OCALA, FL

Title: VD () Delete
Name: RIKE, CAROL ANN,
Address: 6700 NW 90TH AVE.
City-St-Zip: OCALA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS (X) Change () Addition
Name: RIKE, CAROL ANN,
Address: 6700 NW 90TH AVE.
City-St-Zip: OCALA, FL 34482

Title: VD (X) Change () Addition
Name: RIKE, CAROL ANN,
Address: 6700 NW 90TH AVE.
City-St-Zip: OCALA, FL 34482

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: CAROL ANN RIKE

PTS

01/26/2007

Electronic Signature of Signing Officer or Director

Date