2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2008 08:00 Al Secretary of State DOCUMENT #L32435 FLORIDA PROPERTIES OF OCALA, INC. Principal Place of Business Mailing Address 3725 SE 58TH AVE 3725 SE 58TH AVE OCALA, FL 34471 US OCALA, FL 34471 US 01172008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4, FEI Number 59-2984249 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BECK, ROBERT J. DO NOT WRITE 3725 SE 58THA VE OCALA, FL 34471 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent aignature required when reinstating) H0000792584 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 N1/24/08-80012-018 158.75 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE BECK, ROBERT NAME STREET ADDRESS 3725 SE 58TH AVE. OCALA, FL 34471 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP T/TI F NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: _

CITY-ST-ZiP

SIGNATURE AND TYPED OR PRINTS NAME OF SIGNING OFFICER OR DIRECTOR