2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 07, 2004 Secretary of State

DOCUMENT# L66442 Entity Name: CROSSTIES OF OCALA, INC. % DAVID CLARK **Current Principal Place of Business: New Principal Place of Business:** 1305 SE SORT KING STREE 1305 E FORT KING STREET OCALA, FL 34471 OCALA, FL 34471 **Current Mailing Address: New Mailing Address:** PO BOX 6315 OCALA, FL 34478 US FEI Number: 59-3010042 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CLARK, DAVID CLARK, DAVID 1305 E FORT KING STREET 1305 SÉ FORT KING STREET OCALA, FL 34471 OCALA, FL 34471 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: 01/07/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition CLARK, DAVID Name: Name: PO BOX 6315 Address: Address: City-St-Zip: OCALA, FL 34478 City-St-Zip: () Delete Title: Title: () Change () Addition Name: CLARK, SHARON Name: Address: PO BOX 6315 Address: OCALA, FL 34478 City-St-Zip: City-St-Zip:

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: DAVID CLARK	PD	01/07/2004
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