2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L66442

FILED Feb 26, 2007 Secretary of State

Entity Name: CROSSTIES OF OCALA, INC.

% DAVID CLARK

Current Principal Place of Business: New Principal Place of Business:

 18 NE 1ST AVE.
 1305 EAST FORT KING ST

 OCALA, FL 34470
 US

 OCALA, FL 34471
 US

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 W

 18 NE 1ST AVE.
 18 NE 1ST AVE.

 OCALA, FL 34470
 US

 OCALA, FL 34470
 US

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: DAVID W. CLARK 02/26/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

 Name:
 CLARK, DAVID
 Name:

 Address:
 PO BOX 6315
 Address:

 City-St-Zip:
 OCALA, FL 34478
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 CLARK, SHARON
 Name:

 Address:
 PO BOX 6315
 Address:

 City-St-Zip:
 OCALA, FL 34478
 City-St-Zip:

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: DAVID W. CLARK PD 02/26/2007