2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# L66442

Entity Name: CROSSTIES OF OCALA, INC.

% DAVID CLARK

Current Principal Place of Business:

1305 EAST FORT KING ST
#100
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 6315
OCALA, FL 34478 US

New Mailing Address:

FEI Number: 59-3010042 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLARK, DAVID W
18 NE 1ST AVE.
OCALA, FL 34470 US

Name and Address of New Registered Agent:

CLARK, DAVID W
1305 EAST FORT KING ST
#100
OCALA, FL 34471 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 CLARK 03/23/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CLARK, DAVID
Address: PO BOX 6315
City-St-Zip: OCALA, FL 34478

Title: S ( ) Delete
Name: CLARK, SHARON
Address: PO BOX 6315
City-St-Zip: OCALA, FL 34478

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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 03/23/2009
Electronic Signature of Signing Officer or Director Date