

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000086501

FILED
Apr 30, 2009
Secretary of State

Entity Name: OCALA GOLD & DIAMOND CENTER, INC.

Current Principal Place of Business:

816 S MAGNOLIA AVENUE
OCALA, FL 34470 US

New Principal Place of Business:

Current Mailing Address:

816 S MAGNOLIA AVENUE
OCALA, FL 34470 US

New Mailing Address:

FEI Number: 59-3743643

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENNETT, GARY L
816 S MAGNOLIA AVENUE
OCALA, FL 34470 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: D () Delete
Name: BENNETT, GARY L
Address: 9480 SW 19TH AVENUE ROAD
City-St-Zip: OCALA, FL 34476

Title: D () Delete
Name: BENNETT, DORIS
Address: 9480 SW 19TH AVENUE ROAD
City-St-Zip: OCALA, FL 34476

Title: D () Delete
Name: ALLEN, ALFERS L
Address: 1351 SE 182ND TERR
City-St-Zip: WILLISTON, FL 32696

Title: D (X) Delete
Name: VAN HOLT, GERDA
Address: 4963 SE 44TH CIRCLE
City-St-Zip: OCALA, FL 34480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: GARY BENNETT

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date