

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000093296

FILED
Mar 23, 2004
Secretary of State

Entity Name: GOLDEN OCALA REAL ESTATE, INC.

Current Principal Place of Business:

4090 NW 84TH CT
OCALA, FL 34482

New Principal Place of Business:

Current Mailing Address:

4090 NW 84TH CT
OCALA, FL 34482

New Mailing Address:

FEI Number: 04-3661706

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAPEER, RUSSELL W
LANDT, WIECHENS, LAPEER & AYERS
445 NE 8TH AVE
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: ROBERTS, RALPH L SR
Address: 7340 NW US HWY 27
City-St-Zip: OCALA, FL 33482

Title: D () Delete
Name: ROBERTS, MARY D
Address: 7340 NW US HWY 27
City-St-Zip: OCALA, FL 33482

Title: D () Delete
Name: ROBERTS, RALPH L II
Address: 600 GILLAM RD
City-St-Zip: WILMINGTON, OH 45177

Title: D () Delete
Name: ROBERTS, ROBY L
Address: 600 GILLAM RD
City-St-Zip: WILMINGTON, OH 45177

Title: D () Delete
Name: CARPENTER, MICHELLE R
Address: 600 GILLAM RD
City-St-Zip: WILMINGTON, OH 45177

Title: P () Delete
Name: CAVELLIER, THOMAS
Address: 600 GILLAM RD
City-St-Zip: WILMINGTON, OH 45177

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:

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 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: RALPH L ROBERTS II

D

03/23/2004

Electronic Signature of Signing Officer or Director

Date