

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000093296

1. Entity Name
GOLDEN OCALA REAL ESTATE, INC.



Principal Place of Business

**4090 NW 84TH CT
OCALA, FL 34482**

Mailing Address

**4090 NW 84TH CT
OCALA, FL 34482**



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number

04-3661706

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LAPEER, RUSSELL W
LANDT, WIECHENS, LAPEER & AYERS
445 NE 8TH AVE
OCALA, FL 34470**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROBERTS, RALPH L SR
7340 NW US HWY 27
OCALA, FL 33482**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROBERTS, MARY D
7340 NW US HWY 27
OCALA, FL 33482**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROBERTS, RALPH L II
600 GILLAM RD
WILMINGTON, OH 45177**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROBERTS, ROBY L
600 GILLAM RD
WILMINGTON, OH 45177**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CARPENTER, MICHELLE R
600 GILLAM RD
WILMINGTON, OH 45177**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
CAVELLIER, THOMAS
600 GILLAM RD
WILMINGTON, OH 45177**

1000000234494
02/18/05-80023-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #