

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 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**

DO NOT WRITE IN THIS SPACE



01092006

No Chg-P

CR2E034 (11/05)

4. FEI Number

04-3661706

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

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02/20/06-80030-003 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: RALPH L. ROBERTS SR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.1.2006

Date

352-369-6969

Daytime Phone *