

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000093296

1. Entry 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**



02112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000827074
02/21/08-80074-017 150.00

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	VP
NAME	HIRSCNY, DANIEL J
STREET ADDRESS	4090 NW 84TH CT
CITY-ST-ZIP	OCALA, FL 34482

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-2008

Date

Daytime Phone #