


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90055 002 ***150.00

DOCUMENT # P02000002026			
1. Entity Name OCALA COMMONS, INC.			
Principal Place of Business 5 CORONA CT PALM COAST FL 32137		Mailing Address 138 PALM COAST PKWY NE #334 PALM COAST FL 32137	
2. Principal Place of Business 138 Palm Coast Pkwy NE # 334		3. Mailing Address 138 Palm Coast Pkwy NE # 334	
City & State Palm Coast, FL		City & State Palm Coast, FL	
Zip 32137	Country USA	Zip 32137	Country USA
6. Name and Address of Current Registered Agent O'REILLY, LAWRENCE P 5 CORONA CT PALM COAST FL 32137		7. Name and Address of New Registered Agent O'Reilly, Lawrence P. 146 Island Estates Pkwy Palm Coast, FL 32137	
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 <u>Lawrence P. O'Reilly</u> DATE <u>4-14-04</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME O'REILLY, LAWRENCE P	TITLE P	NAME O'Reilly, Lawrence P
STREET ADDRESS 5 CORONA CT	CITY-ST-ZIP PALM COAST FL 32137	STREET ADDRESS 146 Island Estates Pkwy	CITY-ST-ZIP Palm Coast, FL 32137
TITLE VP	NAME O'REILLY, EILEEN M	TITLE VP	NAME Gaekwad, Digvijay
STREET ADDRESS 5 CORONA CT	CITY-ST-ZIP PALM COAST FL 32137	STREET ADDRESS 2319 S.E. 38th Pl.	CITY-ST-ZIP Ocala, FL 34471
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP

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: Lawrence P. O'Reilly 4-14-04 (386) 931-0931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #