2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004
Secretary of State

DOCUMENT# P02000005207

Entity Name: OCALA COMPUTER CONSULTING INC.

Current Principal Place of Business:

7 E SILVER SPRINGS BLVD
SUITE #103
OCALA, FL 34470

New Principal Place of Business:

18 HEMLOCK RADIAL LOOP
OCALA, FL 34472

Current Mailing Address:

7 E SILVER SPRINGS BLVD
SUITE #103
OCALA, FL 34470

New Mailing Address:

PO BOX 831052
OCALA, FL 34483

FEI Number: 03-0380536 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLARK, ROBERT
18 HEMLOCK RADICAL LOOOP
OCALA, FL 34472 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: RIOLA, BOB
Address: 3420 SE 3RD ST
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete
Name: CLARK, ROBERT
Address: 18 HEMLOCK RADICAL LOOP
City-St-Zip: OCALA, FL 34472

Title: D (X) Delete
Name: FERNANDEZ, JOE
Address: 2401 SE 4M CIR., #3
City-St-Zip: OCALA, FL 34480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CLARK, ROBERT
Address: 18 HEMLOCK RADICAL LOOP
City-St-Zip: OCALA, FL 34472

Title: D (X) Change ( ) Addition
Name: FERNANDEZ, JOE
Address: 2401 SE 4M CIR., #3
City-St-Zip: OCALA, FL 34480

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: ROBERT N. CLARK D 03/16/2004

Electronic Signature of Signing Officer or Director — Date