

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000005758

**FILED**  
**Feb 26, 2010**  
**Secretary of State**

**Entity Name:** OCALA PROFESSIONAL ACCOUNTING SERVICES, INC.

**Current Principal Place of Business:**

1118 NE 10TH AVENUE  
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

1118 NE 10TH AVENUE  
OCALA, FL 34470

**New Mailing Address:**

1118 NE 10TH AVENUE  
OCALA, FL 34470 US

**FEI Number:** 02-0041357

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLEMENTS, GENE  
1118 NE 10TH AVENUE  
OCALA, FL 34470 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:** PTD  
**Name:** CLEMENTS, GENE  
**Address:** 1118 NE 10TH AVENUE  
**City-St-Zip:** OCALA, FL 34470

**Title:** VPD  
**Name:** STEWART, THOMAS M  
**Address:** 10110 W. BAY HARBOR DRIVE #5  
**City-St-Zip:** BAY HARBOR ISLANDS, FL 33154 US

**Title:** SD  
**Name:** STEWART, JUDI C  
**Address:** 10110 W. BAY HARBOR DRIVE #5  
**City-St-Zip:** BAY HARBOR ISLANDS, FL 33154 US

I hereby 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 all other like empowered.

**SIGNATURE:** GENE CLEMENTS

PRES

02/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date