

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000075961

1. Entity Name
OCALA 150 REALTY, INC.



Principal Place of Business

**14050 US HIGHWAY ONE
JUNO BEACH, FL 33408**

Mailing Address

**14050 US HIGHWAY ONE
JUNO BEACH, FL 33408**

FILED
Feb 11, 2008 08:00 AM
Secretary of State



02052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0638792	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SHACKLETON, ALBERT
14050 US HIGHWAY ONE
JUNO BEACH, FL 33408**

**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

2/05/08

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHACKLETON, ALBERT 14050 US HIGHWAY ONE JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHACKLETON, CLAYTON 14050 US HWY ONE JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SHACKLETON, BARBARA 14050 US HWY ONE JUNO BEACH, FL 33408
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000821625
02/19/08-80035-002 150.00

**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.