

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jun 25, 2009
Secretary of State**

DOCUMENT# P04000063055

Entity Name: OCALA RESIDENTIAL, INC.

Current Principal Place of Business:

New Principal Place of Business:

4 LAGUNA STREET
SUITE 201
FORT WALTON BEACH, FL 32548

Current Mailing Address:

New Mailing Address:

4 LAGUNA STREET
SUITE 201
FORT WALTON BEACH, FL 32548

FEI Number: 20-1029007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SCHWEIZER, W. TODD
4 LAGUNA STREET
SUITE 201
FORT WALTON BEACH, FL 32548 US

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

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DEL GALLO, STEVEN P
Address: 4 LAGUNA STREET, SUITE 201
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: P (X) Change () Addition
Name: SCHWEIZER, W. TODD
Address: 4 LAGUNA STREET, SUITE 201
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VP (X) Delete
Name: SCHWEIZER, W. TODD
Address: 4 LAGUNA STREET, SUITE 201
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: W. TODD SCHWEIZER

P

06/25/2009

Electronic Signature of Signing Officer or Director

Date