2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000123468

Name:

Address:

City-St-Zip:

FILED Jul 03, 2006 Secretary of State

Entity Name: SUNBURST PROPERTIES OF OCALA, INC. **Current Principal Place of Business: New Principal Place of Business:** 1396 NE 20 AV, BLD 300 OCALA, FL 34470 **Current Mailing Address: New Mailing Address:** 1396 NE 20 AV, BLD 300 OCALA, FL 34470 FEI Number: 20-1542694 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: SIMONS, GARY C ESQ. WILLIAMS, RUEBEN S ESQ. 121 NW 3RD ST. 954 E SILVER SPRINGS BLVD. OCALA, FL 344756995 US OCALA, FL 34470 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: RUEBEN S. WILLIAMS IV 07/03/2006 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition HJUTCHINSON, NANCY E Name: Name: 1396 NE 20 AV BLD 300 Address: Address: City-St-Zip: OCALA, FL 34470 City-St-Zip: Title: Title: () Delete () Change () Addition STAFFORD, H D Name: Name: 1396 NE 20 AVE BLD 300 Address: Address: OCALA, FL 34470 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition HUTCHINSON, BRUCE E Name: Name: 1396 NE 20TH AV BLD 300 Address: Address: City-St-Zip: OCALA, FL 34470 City-St-Zip: Title: () Delete Title:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: BRUCE E. HUTCHINSON ST 07/03/2006

() Change (X) Addition

ELLIS, JOE W

OCALA, FL 34470

1396 NE 20TH AV BLDG 300