

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90205 010 ***158.75

DOCUMENT # P04000154257

1. Entity Name
OCALA CONSTRUCTION COMPANY



Principal Place of Business
**2640 SE 56TH STREET
OCALA, FL 34480 US**

Mailing Address
**2640 SE 56TH STREET
OCALA, FL 34480 US**

14000041



2. Principal Place of Business
2640 SE 56TH ST

3. Mailing Address
2640 SE 56TH ST

Suite, Apt. #, etc.

01052005 Chg-P CR2E034 (10/03)

City & State
Ocala FL

City & State
Ocala FL

Zip
34480

Country
Marion

Zip
34480

Country
Marion

4. FEI Number
593293268

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SMITH, OLLIE C
2640 SE 56TH STREET
OCALA, FL 34480**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, OLLIE C	
STREET ADDRESS	2640 SE 56TH STREET	
CITY-ST-ZIP	OCALA, FL 34480	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SMITH, CASTELLA	
STREET ADDRESS	2640 SE 56TH STREET	
CITY-ST-ZIP	OCALA, FL 34480	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FAVORS, SELENA A	
STREET ADDRESS	2201 NW 24TH ROAD	
CITY-ST-ZIP	OCALA, FL 34475	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE: *Ollie C. Smith Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352 622-5783
4-25-05 352 362-4981
Date Daytime Phone #