

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90072 001 ***150.00

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
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2. Principal Place of Business - No P.O. Box # 2640 SE 56th St	3. Mailing Address 2640 SE 56th St
Suite, Apt. #, etc. Ocala FL	Suite, Apt. #, etc. Ocala FL
City & State	City & State
Zip 34480	Country Marion

1st MOORE CR2E034 (10/06)

4. FEI Number 59-3283268		<input type="checkbox"/> 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 SMITH, OLLIE C 2640 SE 56TH STREET OCALA FL 34480		

7. Name and Address of New Registered Agent Name: Ollie C Smith Street Address (P.O. Box Number is Not Acceptable): 2640 SE 56th St City: Ocala FL Zip Code: 34480	
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: <u>Ollie C. Smith Pres.</u> DATE: <u>4-3-07</u> <small>(NOTE: Registered Agent signature required when reappointing)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SMITH, OLLIE C 2640 SE 56TH STREET OCALA FL 34480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SMITH, CASTELLA 2640 SE 56TH STREET OCALA FL 34480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FAVORS, SELENA A 2201 NW 24TH ROAD OCALA FL 34475 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.	
SIGNATURE: <u>Ollie C. Smith</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4-3-07</u> <u>352 622-5783</u> <u>362-4981</u> <small>Date Daytime Phone #</small>