

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000038668

1. Entity Name
OCALA HOSPITALITY, INC.



Principal Place of Business
4040 WEST SILVER SPRINGS BLVD
OCALA, FL 34482

Mailing Address
4040 WEST SILVER SPRINGS BLVD
OCALA, FL 34482

DO NOT WRITE IN THIS SPACE



02062007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2502524	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MAROLIA, MAHESH S
4040 WEST SILVER SPRINGS BLVD
OCALA, FL 34482

**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 reconstituting)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

U000000666234
03/23/07-80062-010-150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MAROLIA, JANAK S
STREET ADDRESS	8761 SOUTHERN BREEZE DRIVE
CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	D
NAME	DESAI, THAKOR C
STREET ADDRESS	1107 MOCKINGBIRD COURT
CITY-ST-ZIP	SAN JOSE, CA 95120
TITLE	D
NAME	MAROLIA, MAHESH S
STREET ADDRESS	4040 WEST SILVER SPRINGS BLVD
CITY-ST-ZIP	OCALA, FL 34482
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ 3-12-07 ✓ 352-361-5093