

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90031 028 ***150.00

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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



01112008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2502524

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

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

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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 #

✓ 3-3-08

✓ 352-361-5093