


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000012615 1. Entity Name CALA HILLS DEVELOPMENT, INC.	
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Principal Place of Business 2400 SW 21 CIRCLE OCALA, FL 34474	Mailing Address PO BOX 5130 OCALA, FL 34478-5130 US
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DO NOT WRITE IN THIS SPACE

01212004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3302252	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

FOWLER, DEBRA
2400 SW 21 CIRCLE
OCALA, FL 34474

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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, 2004 Fee will be \$550.00	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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GRAY, STEVEN H 125 N.E. 1ST AVE., SUITE 1 OCALA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SHARON GLASSMAN 2400 SW 21 CIRCLE OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JERRY GLASSMAN 2400 SW 21 CIRCLE OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD DEBRA FOWLER 2400 SW 21 CIRCLE OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/08/04-80005-008 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Sharon Glassman** 04/06/2004 (352) 237-1186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #