

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P95000012615**

1. Entity Name  
CALA HILLS DEVELOPMENT, INC.



Principal Place of Business

2801 SW COLLEGE RD  
UNIT 18  
OCALA, FL 34474

Mailing Address

PO BOX 5130  
OCALA, FL 34478-5130 US



03272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3302252

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

FOWLER, DEBRA  
2801 SW COLLEGE RD  
UNIT 18  
OCALA, FL 34474

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

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 2801 SW COLLEGE RD UNIT 18 OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JERRY GLASSMAN 2801 SW COLLEGE RD UNIT 18 OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DEBRA FOWLER 2801 SW COLLEGE R UNIT 18 OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000699773  
04/19/07-80055-016 150.00

**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 like empowered.

**SIGNATURE:**

Sharon Glassman 04/02/2007 352.237.1186

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #