


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # P95000012618</b> 1. Entity Name CALA HILLS PARK, INC.	
---	---

Principal Place of Business 2400 SW 21 CIRCLE OCALA, FL 34474	Mailing Address PO BOX 5130 OCALA, FL 34478-5130
---	--



01212004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3302247	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

5. Name and Address of Current Registered Agent  FOWLER, DEBRA 2400 SW 21 CIRCLE OCALA, FL 34474	<b>DO NOT WRITE IN THIS SPACE</b>
--	---------------------------------------

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 re-listing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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. FIRST AVE., STE. 1 OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GLASSMAN, SHARON M. 2400 SW 21 CIRCLE OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GLASSMAN, JEROME E. 2400 SW 21 CIRCLE OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD FOWLER, DEBRA S. 2400 SW 21 CIRCLE OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000106188  
04/08/04-80005-017 150.00

**DO NOT WRITE  
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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sharon Glassman 04/06/2004 (352) 237-1186

Date

Daytime Phone #