

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 15, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P96000056474**

1. Entity Name  
ONB FINANCIAL SERVICES, INC.



Principal Place of Business

3001 SE MARICAMP ROAD  
OCALA, FL 34471

Mailing Address

3001 SE MARICAMP ROAD  
OCALA, FL 34471



01032008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3413525

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

KAY JR, DON  
3001 SE MARICAMP ROAD  
OCALA, FL 34471

**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 certifying)

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 PD  
NAME KAY, KYLE A  
STREET ADDRESS 3001 SE MARICAMP ROAD  
CITY-ST-ZIP Ocala, FL 34471

TITLE DST  
NAME KAY, RANCE H  
STREET ADDRESS 3001 SE MARICAMP ROAD  
CITY-ST-ZIP Ocala, FL 34475

TITLE CD  
NAME KAY, DON JR  
STREET ADDRESS 3001 SE MARICAMP ROAD  
CITY-ST-ZIP Ocala, FL 34475

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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01/16/08-80075-005 150.00

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:**

*Don Kay, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Don Kay, Jr.

January 4, 2008 352-368-6800

Date

Daytime Phone #