

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000067773

FILED
Aug 10, 2006
Secretary of State

Entity Name: NEW CONCEPTS REALTY OF OCALA, INC.

Current Principal Place of Business:

9311 SE MARICAMP ROAD
OCALA, FL 34472

New Principal Place of Business:

9305 SE MARICAMP ROAD
OCALA, FL 34472

Current Mailing Address:

9311 SE MARICAMP ROAD
OCALA, FL 34472

New Mailing Address:

9305 SE MARICAMP ROAD
OCALA, FL 34472

FEI Number: 59-3535021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, PAULA
9311 SE MARICAMP ROAD
OCALA, FL 34472 US

Name and Address of New Registered Agent:

LENCHNER, BENJAMIN C
9305 SE MARICAMP ROAD
OCALA, FL 34472 US

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.

SIGNATURE: BENJAMIN C. LENCHNER

08/10/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTS () Delete
Name: THOMAS, PAULA G
Address: 16451 SE 59TH ST
City-St-Zip: OCKLAWANA, FL 32179

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPT (X) Change () Addition
Name: LENCHNER, BENJAMIN C
Address: 11770 SE 165TH AVENUE
City-St-Zip: OCKLAWANA, FL 32179

Title: PS () Change (X) Addition
Name: LENCHNER, BILLIE J
Address: 11770 SE 165TH AVENUE
City-St-Zip: OCKLAWAHA, FL 32179

Title: CB () Change (X) Addition
Name: THOMAS, EARL M
Address: 16451 SE 59TH STREET
City-St-Zip: OCKLAWAHA, FL 32179

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BENJAMIN C. LENCHNER

VPT

08/10/2006

Electronic Signature of Signing Officer or Director

Date