2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# P98000077044

Entity Name: OCALA-MARION TRANSIT, INC.

Current Principal Place of Business:

2100 NE 30TH AVE
OCALA, FL 34478

New Principal Place of Business:

Current Mailing Address:

4500 MERCANTILE PLAZA
SUITE 307
FORT WORTH, TX 76137

New Mailing Address:

FEI Number: 74-2891917 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FISCHER, KENNETH R
950 BIG TREE ROAD
DAYTONA BEACH, FL 32119 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C (X) Delete
Name: HEIL, LOUIS L
Address: 1324 FLYING JIB DRIVE
City-St-Zip: AZLE, TX 76020

Title: VD ( ) Delete
Name: BARTOSIEWICZ, JOHN P
Address: 400 PALOVERDE LANE
City-St-Zip: FT WORTH, TX 76112

Title: VD ( ) Delete
Name: FISCHER, KENNETH R
Address: 776 OSPREY DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: ST ( ) Delete
Name: HEIL, KAREN L
Address: 1324 FLYING JIB DRIVE
City-St-Zip: AZLE, TX 76020

Title: P ( ) Delete
Name: BABBITT, ROBERT T
Address: 6517 MESA RIDGE CT.
City-St-Zip: FORT WORTH, TX 76137

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: STEVEN, NEAL
Address: 46 HICKORY LOOP WAY
City-St-Zip: OCALA, FL 34472

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: KAREN L. HEIL S/T 04/23/2007

Electronic Signature of Signing Officer or Director — Date