

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S21687

1. Entity Name
OCALA AIRPORT COMMERCE CENTER, INC.



Principal Place of Business
11635 NW 1ST AVE.
GAINESVILLE, FL 32607

Mailing Address
11635 NW 1ST AVE.
GAINESVILLE, FL 32607

BSK

FILED
05 APR 19 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3034862	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CURTIS, JOHN M.
11635 NW 1ST AVE.
GAINESVILLE, FL 32607

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May be Added to Fees
05/06/05--01072--016 **150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HODOR, HOWARD 2700 NW 43RD ST. GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD CURTIS, JOHN M. 11635 NW 1ST AVE. GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CURTIS, GAIL W. 11635 NW 1ST AVE. GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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)(i), 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

John M. Curtis
President

3/9/05

352-332-0838

Date

Daytime Phone #