

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2006 APR 20 AM 10: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03012006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3034862	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

DOCUMENT # S21687 1. Entity Name OCALA AIRPORT COMMERCE CENTER, INC.	
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Principal Place of Business 11635 NW 1ST AVE. GAINESVILLE, FL 32607	Mailing Address 11635 NW 1ST AVE. GAINESVILLE, FL 32607
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BKC

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

DO NOT WRITE
IN THIS SPACE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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

400072295744
04/27/06--01019--013 **150.00

DO NOT WRITE
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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: **John M. Curtis** 04/17/06 352-332-0838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #