

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90067 004 ***150.00

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

DO NOT WRITE IN THIS SPACE



03292007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3034862

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M. Curtis
President

3/30/2007

Date

352-332-0838

Daytime Phone #