

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S55869

FILED
Apr 20, 2009
Secretary of State

Entity Name: NEWCO HOMES OF OCALA, INC.

Current Principal Place of Business:

3002 NW 10TH ST
OCALA, FL 34475 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4201
OCALA, FL 34478

New Mailing Address:

FEI Number: 59-3068875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DLOUHY, L. E.
700 S.E. 49TH AVE.
OCALA, FL 34471 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: PD () Delete
Name: DLOUHY, L. E.
Address: PO BOX 186
City-St-Zip: OCALA, FL 34478

Title: STD () Delete
Name: DLOUHY, L E
Address: PO BOX 186
City-St-Zip: OCALA, FL 34478

Title: VD () Delete
Name: POOLE, LESLI
Address: 10335 NE HWY 314
City-St-Zip: SILVER SPRINGS, FL 34488

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:

I hereby certify that the information supplied with this filing does not qualify 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: LESLI POOLE

VP

04/20/2009

Electronic Signature of Signing Officer or Director

Date