


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2007 08:00 AM
Secretary of State

| | |
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| DOCUMENT # J39264 1. Entity Name OCALA INNS, INC. |  |
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| Principal Place of Business 613-B BEACHVIEW DR ST SIMONS ISLANDS, GA 31522 US | Mailing Address PO BOX 20287 ST SIMONS ISLAND, GA 31522 US |
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03192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|---|--|
| 4. FEI Number 59-2744211 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

ZELL, ROYALD A.
2225 CLIMBING IVY DRIVE
TAMPA, FL 33618

**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 _____

**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 NAME STREET ADDRESS CITY-ST-ZIP | VD ZELL, ROYALD A. 2225 CLIMBING IVY DRIVE TAMPA, FL 33618 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD ZELL, DALE L. 2225 CLIMBING IVY DRIVE TAMPA, FL 33618 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP ZELL, HAROLD E. 101 WORTHING RD ST SIMONS ISLAND, GA |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ZELL, LUCY D. 101 WORTHING RD ST SIMONS ISLAND, GA |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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04/04/07-80031-022 150.00

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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: *Harold E. Zell* HAROLD E. ZELL 3/26/07 912 996 0338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #