2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # 009540

1. Entity Name
LONCALA, INCORPORATED

Principal Place of Business	Mailing Address
125 NW 1ST AVENUE HIGH SPRINGS, FL 32643-1001 US	125 NW 1ST AVE HIGH SPRINGS, FL 32643-1001 US

02072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0336130
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OLMERT, BRYAN J
125 N W 1ST AVENUE
HIGH SPRINGS, FL 32643-1001

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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 _____ 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, 2005 Fee will be $550.00

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

100000122796
02/12/05-80031-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	OLMERT, BRYAN J
STREET ADDRESS	125 NW 1ST AVE
CITY-ST-ZIP	HIGH SPRINGS, FL 326431001
TITLE	AST
NAME	ELLIS, GWEN D
STREET ADDRESS	125 NW 1ST AVENUE
CITY-ST-ZIP	HIGH SPRINGS, FL 326431001
TITLE	D
NAME	HILL, J H
STREET ADDRESS	125 NW 1ST AVE
CITY-ST-ZIP	HIGH SPRINGS, FL 326431001
TITLE	DV
NAME	SIMONS, GARY C
STREET ADDRESS	121 NW 3RD ST
CITY-ST-ZIP	OCALA, FL 34475
TITLE	SD
NAME	REDDING, JR, DAVID R
STREET ADDRESS	125 NW 1ST AVE.
CITY-ST-ZIP	HIGH SPRINGS, FL 326431001
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:
Gwen D Ellis 2/7/05 (386)454-15..