

2008 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Nov 03, 2008
Secretary of State**

DOCUMENT# P07000132438

Entity Name: SWINGSATIONS/O.C.P., INC.

Current Principal Place of Business:

5065 WEST RANGER STREET
BEVERLY HILLS, FL 34465 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 70
LECANTO, FL 34461 US

New Mailing Address:

FEI Number: 26-1581422 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUPLER, ROBERT M
5065 WEST RANGER STREET
BEVERLY HILLS, FL 34465 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: ROBERT M. DUPLER

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: DUPLER, ROBERT M
Address: P.O. BOX 70
City-St-Zip: LECANTO, FL 34461 US

Title: SVD () Delete
Name: DUPLER, ROSE MARIE
Address: 5065 WEST RANGER STREET
City-St-Zip: BEVERLY HILLS, FL 34465 US

Title: D () Delete
Name: SUDLOW, JAMES
Address: 48 GREENTREE STREET
City-St-Zip: HOMOSASSA, FL 34446 US

Title: D () Delete
Name: COX, AUSTIN
Address: 5680 N HIGHLAND PARK DRIVE
City-St-Zip: HERNANDO, FL 34442 US

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:

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: ROBERT M. DUPLER

Electronic Signature of Signing Officer or Director

SVD

11/03/2008

Date