

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 491712

Entity Name: OLIN FORE, INC.

FILED
Apr 21, 2006
Secretary of State

Current Principal Place of Business:

500 FORE LAND
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 420027
KISSIMMEE, FL 34742 US

New Mailing Address:

FEI Number: 59-1642867

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORE, OLIN
500 FORE LANE
KISSIMMEE, FL 32741 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: V () Delete
Name: FORE, PAULINE,
Address: P O BOX 27 N/A
City-St-Zip: KISSIMMEE, FL

Title: P () Delete
Name: FORE, OLIN,
Address: P O BOX 27 N/A
City-St-Zip: KISSIMMEE, FL

Title: S () Delete
Name: RICHARDS, JUDY,
Address: P O BOX 763 N/A
City-St-Zip: INTERCESSION CITY, FL

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 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: OLIN FORE

P

04/21/2006

Electronic Signature of Signing Officer or Director

Date