

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 491712

FILED  
Mar 16, 2007  
Secretary of State

Entity Name: OLIN FORE, INC.

## Current Principal Place of Business:

500 FORE LAND  
KISSIMMEE, FL 34741

## New Principal Place of Business:

500 FORE LANE  
KISSIMMEE, FL 34741

## 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: V (X) Change ( ) Addition  
Name: FORE, PAULINE,  
Address: P O BOX 420027  
City-St-Zip: KISSIMMEE, FL 34742 US

Title: P (X) Change ( ) Addition  
Name: FORE, OLIN,  
Address: P O BOX 420027  
City-St-Zip: KISSIMMEE, FL 34742 US

Title: S (X) Change ( ) Addition  
Name: RICHARDS, JUDY,  
Address: P O BOX 763  
City-St-Zip: INTERCESSION CITY, FL

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

03/16/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date