

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 491712

Entity Name: OLIN FORE, INC.

FILED  
Apr 17, 2008  
Secretary of State

## Current Principal Place of Business:

500 FORE LANE  
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:

FORE, PAULINE  
500 FORE LANE  
KISSIMMEE, FL 34741 US

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: PAULINE FORE

04/17/2008

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 420027  
City-St-Zip: KISSIMMEE, FL 34742 US

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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: PAULINE FORE

P

04/17/2008

Electronic Signature of Signing Officer or Director

Date