

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 491712

FILED  
Mar 16, 2011  
Secretary of State

Entity Name: OLIN FORE, INC.

**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, PAULINE  
500 FORE LANE  
KISSIMMEE, FL 34741 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

**OFFICERS AND DIRECTORS:**

Title: V  
Name: FORE, PAULINE  
Address: P O BOX 420027  
City-St-Zip: KISSIMMEE, FL 34742 US

Title: P  
Name: PAULINE FORE  
Address: P O BOX 420027  
City-St-Zip: KISSIMMEE, FL 34742 US

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

I hereby 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 all other like empowered.

SIGNATURE: PAULINE FORE

PRES

03/16/2011

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

\_\_\_\_\_ Date