

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000079599

Entity Name: OLIN & MILLS OAKS, INC.

FILED
Jan 13, 2005
Secretary of State

Current Principal Place of Business:

122 LOCUST RUN
OCALA, FL 34472

New Principal Place of Business:

10605 SE 142ND AVE RD
OCKLAWAHA, FL 32179

Current Mailing Address:

122 LOCUST RUN
OCALA, FL 34472

New Mailing Address:

10605 SE 142ND AVE RD
OCKLAWAHA, FL 32179

FEI Number: 59-3668141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLIN, GEORGE P
122 LOCUST RUN
OCALA, FL 34472 US

Name and Address of New Registered Agent:

OLIN, GEORGE P
10605 SE 142ND AVE RD
OCKLAWAHA, FL 32179 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: _____

Electronic Signature of Registered Agent

01/13/2005

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: OLIN, GEORGE
Address: 122 LOCUST RUN
City-St-Zip: Ocala, FL 34472

Title: D () Delete
Name: MILLS, MARY ANN
Address: PO BOX 1565
City-St-Zip: OKLAWAHA, FL 32183

Title: D (X) Delete
Name: MILLS, DENNON
Address: PO BOX 1565
City-St-Zip: OKLAWAHA, FL 32183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: OLIN, GEORGE
Address: 10605 SE 142ND AVE RD
City-St-Zip: OCKLAWAHA, FL 32179

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 Section 119.07(3)(i), 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: GEORGE P. OLIN

Electronic Signature of Signing Officer or Director

PRES

01/13/2005

Date