2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0200009 1. Entity Name OLSW, INC.

Mar 17, 2008 08:00 AN Secretary of State

FILED

Principal Place of Business

4601 NORTH STATE STREET BUNNELL, FL 32110

Mailing Address

P.O. BOX 849 BUNNELL, FL 32110



DO NOT WRITE IN THIS SPACE

03052008 No Chg-P CR2E034 (11/05)

FEI Number
 56-2291598

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUNTHARP, PAUL M JR 4 OLD KINGS RD., N. PALM COAST, FL 32137

DO NOT WRITE IN THIS SPACE

the obligat	lions of registered agent.					
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable (NOTE Registered	Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHATZ, EDWARD JR 5 CORTE VISTA PALM COAST, FL 32137					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000859418 04/02/08-80021-021 150.00	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE	!
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						

8. 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. I am familiar with, and accept

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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CITY-ST-ZIP

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward Schatz, Jr.

3-13-08

Daytime Phone #