


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000070299 1. Entity Name OHLE'S PRIDE, INC.	
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Principal Place of Business 1005 SAGO PALM WAY APOLLO BCH, FL 33572	Mailing Address 1005 SAGO PALM WAY APOLLO BCH, FL 33572
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DO NOT WRITE IN THIS SPACE



02052007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1066556	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLISSON, DAMON C
5908 FORTUNE PLACE
APOLLO BEACH, FL 33572

DO NOT WRITE IN THIS SPACE

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 the obligations of registered agent.

SIGNATURE *Em Ohlemacher* DATE 2/21/2007

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT OHLEMACHER, LEO CARL 1005 SAGO PALM WAY APOLLO BCH, FL 33572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS OHLEMACHER, EVANGLINE M 1005 SAGO PALM WAY APOLLO BCH, FL 33572
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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.

SIGNATURE: *Em Ohlemacher* DATE 2/21/2007 DAYTIME PHONE # 873-622-7669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #