
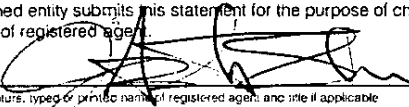
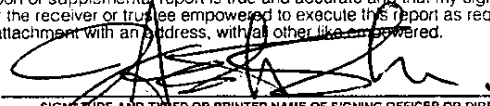


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90103 017 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                      |                                                                                                                     |                                                                                                                                                                                                                          |                                                                                                                                                           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P05000140118</b><br>1. Entity Name<br><b>O'LOUGHLIN INDUSTRIES INC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                      |                                                                                                                     |                                                                                                                                                                                                                          |                                                                          |  |
| Principal Place of Business<br><b>1123 ALCALA DR<br/>ST AUGUSTINE, FL 32086</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                      |                                                                                                                     | Mailing Address<br><b>1123 ALCALA DR<br/>ST AUGUSTINE, FL 32086</b>                                                                                                                                                      |                                                                                                                                                           |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>307 HAVENDALE BLVD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                      | 3. Mailing Address<br><b>307 HAVENDALE BLVD</b>                                                                     |                                                                                                                                                                                                                          |                                                                                                                                                           |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                      | Suite, Apt. #, etc.                                                                                                 |                                                                                                                                                                                                                          |                                                                                                                                                           |  |
| City & State<br><b>AUBURNDALE FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                      | City & State<br><b>AUBURNDALE FL</b>                                                                                |                                                                                                                                                                                                                          | 4. FEI Number<br><b>20-3630286</b>                                                                                                                        |  |
| Zip<br><b>33823</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                      | Country<br><b>POLK</b>                                                                                              |                                                                                                                                                                                                                          | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                    |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                      | <b>\$8.75 Additional Fee Required</b>                                                                               |                                                                                                                                                                                                                          |                                                                                                                                                           |  |
| 6. Name and Address of Current Registered Agent<br><br><b>LOUGH, JAMES A<br/>1123 ALCALA DR<br/>ST AUGUSTINE, FL 32086</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                      |                                                                                                                     | 7. Name and Address of New Registered Agent<br>Name <b>LOUGH, JAMES A.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>307 Havendale Blvd.</b><br>City <b>Auburndale</b> <b>FL</b> Zip Code <b>33823</b> |                                                                                                                                                           |  |
| 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.<br>SIGNATURE:  DATE: <b>4/10/08</b><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                             |                                                                                                                      |                                                                                                                     |                                                                                                                                                                                                                          |                                                                                                                                                           |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                                                                          |                                                                                                                                                           |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                      |                                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                    |                                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>P<br/>LOUGH, JAMES A<br/>1123 ALCALA DR<br/>ST AUGUSTINE, FL 32086</b> <input checked="" type="checkbox"/> Delete |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                           | <b>P<br/>LOUGH, JAMES A<br/>307 Havendale Blvd.<br/>Auburndale, FL 33823</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                      |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                      |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                      |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                      |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                      |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                         |  |
| 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      |                                                                                                                     | DATE: <b>4/10/08</b> DAYTIME PHONE: <b>(863) 965-2089</b>                                                                                                                                                                |                                                                                                                                                           |  |