

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000052412

FILED  
Mar 16, 2009  
Secretary of State

Entity Name: OUR AMERICA, INC.

## Current Principal Place of Business:

62 B-MOORE RD  
HAINES CITY, FL 33844 US

## New Principal Place of Business:

87 PINE FOREST LANE  
HAINES CITY, FL 33844 US

## Current Mailing Address:

P O BOX 1022  
DUNDEE, FL 33838

## New Mailing Address:

FEI Number: 64-0964990      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HORNE, ANNIE L VP/D  
62 B. MOORE RD.  
HAINES CITY, FL 33838 US

## Name and Address of New Registered Agent:

HORNE, ANNIE L VP/D  
87 PINE FOREST LANE  
HAINES CITY, FL 33838 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

03/16/2009

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HORNE, KERMIT R  
Address: 62 B-MOORE RD  
City-St-Zip: HAINES CITY, FL 33844 US

Title: VPD ( ) Delete  
Name: HORNE, ANNIE L  
Address: 62 B-MOORE RD  
City-St-Zip: HAINES CITY, FL 33844 US

Title: TD ( ) Delete  
Name: SMITH, MILTON C  
Address: 62 B-MOORE RD  
City-St-Zip: HAINES CITY, FL 33844 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HORNE, KERMIT R  
Address: 87 PINE FOREST LANE  
City-St-Zip: HAINES CITY, FL 33844 US

Title: VPD (X) Change ( ) Addition  
Name: HORNE, ANNIE L  
Address: 87 PINE FOREST LANE  
City-St-Zip: HAINES CITY, FL 33844 US

Title: TD (X) Change ( ) Addition  
Name: SMITH, MILTON C  
Address: 87 PINE FOREST LANE  
City-St-Zip: HAINES CITY, FL 33844 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ANNIE L. HORNE

Electronic Signature of Signing Officer or Director

VPD

03/16/2009

Date