## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000007937

957 DUPIN AVE.

PORT CHARLOTTE, FL 33948

Address:

City-St-Zip:

Entity Name: O.H.G., INC.

FILED Jan 07, 2009 Secretary of State

Entity Nai	me: O.H.G., I	NC.						
Current Principal Place of Business:				New Prince	New Principal Place of Business:			
957 DUPINE AVE PORT CHARLOTTE, FL 33948					957 DUPIN AVE PORT CHARLOTTE, FL 33948			
Current Mailing Address:				New Maili	New Mailing Address:			
957 DUPIN PORT CH.	N AVE ARLOTTE, FL	. 33948						
FEI Number	: 65-0803225	FEI Nun	nber Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status De	sired()	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
20414 ALE PORT CH. The above	., STANLEY S BURY DRIVE ARLOTTE, FL named entity of Florida.	. 33952	US nis statement for the pu	urpose of changing i	ts registered	office or registered age	nt, or both,	
SIGNATU	RE:							
	Electro	nic Signat	ure of Registered Ager	nt		Date		
Election Car	mpaign Financir	ng Trust Fui	nd Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P ( KAZWELL, ST 20414 ALBUR PORT CHARLO	Y DRIVE		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	VP ( DION, GREGO 957 DUPIN AV PORT CHARLO	ENUE	3948	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name:	ST ( DION, JUDITH	) Delete A		Title: Name:	ST () DION, KRISTII	K) Change ()Addition N N		

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.

Address:

City-St-Zip:

957 DUPIN AVE

PORT CHARLOTTE, FL 33948

SIGNATURE: STANLEY J KAZWELL, SR. P 01/07/2009