

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90067 010 ***158.75

DOCUMENT # S20950

1. Entity Name

OGLU, INC.



Principal Place of Business

CORNER US 19 AND ST RD 26
FANNING SPRINGS FL 32693

Mailing Address

O.G.L.U. INC.
8751 NW 173RD ST
FANNING SPRINGS FL 32693-9218
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3071411

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHASE, PHYLLIS ANN
8751 NW 173RD ST
~~TRENTON~~ FL 32693
FANNING SPRINGS

7. Name and Address of New Registered Agent

Name

PHYLLIS ANN CHASE

Street Address (P.O. Box Number is Not Acceptable)

8751 NW 173 RD ST

City

FANNING SPRINGS

FL

Zip Code

32693

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

PHYLLIS ANN CHASE *PhyllisAnnChase*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

1-28-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | PS | <input type="checkbox"/> Delete |
| NAME | CHASE, PHYLLIS A. | |
| STREET ADDRESS | 8751 NW 173RD ST | |
| CITY-ST-ZIP | FANNING SPRINGS FL 32693 | |
| TITLE | VT | <input type="checkbox"/> Delete |
| NAME | SULLIVAN, THOMAS J. | |
| STREET ADDRESS | 8751 NW 173RD ST | |
| CITY-ST-ZIP | FANNING SPRINGS FL 32693 | |
| TITLE | DVP | <input type="checkbox"/> Delete |
| NAME | PAUL EARL CHASE | |
| STREET ADDRESS | 8751 NW 173RD ST | |
| CITY-ST-ZIP | FANNING SPRINGS FL 32693 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

PHYLLIS ANN CHASE *PhyllisAnnChase*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-04