

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 09, 2004 08:00 AM
Secretary of State

DOCUMENT # V44211 1. Entity Name O. H. E., INC.	
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Principal Place of Business 3389 CYPRESS GARDENS ROAD WINTER HAVEN, FL 33884	Mailing Address P.O. BOX 391 WINTER HAVEN, FL 33882 US
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01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3137048	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SUMMERS, JANICE A. 3389 CYPRESS GARDENS RD WINTER HAVEN, FL 33884
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000082257 03/09/04-80022-010 158 75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCALES, DAVID A. 148 WALKER ROAD HODGDON, ME 04730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOUGH, LAWRENCE W. 148 WALKER ROAD HODGDON, ME 04730
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Lawrence W. Gough 3/4/04 207-532-2267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #