## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 13, 2004 8:00 am Secretary of State 07-13-2004 90002 044 \*\*\*150.00

OCUMENT # H14989 Entity Name				07-13-2004 90002 044 ***150.00				
OLIVARI AND ASSOCIATES, P.A.								
Principal Place of Business Mailing Address % WILLIAM L. OLIVARI STE D.					:	540	62107	j
ORMOND BEACH, FL 32174-9188 US	STE D ORMOND BEACH, FL 3	32174-9188 US						
2. Principal Place of Business 141 SAGE BRUSH TRL	3. Mailing Address  * 141 SAGE BRI	JSH TRL						
Suite, Apt. #, etc. SUITE D  City & State	Suite, Apt. #, etc. SUITE D City & State			07062004	Chg-P	CR2E	034 (10/03)	oplied For
ORMOND BEACH FL 32.174	ORMOND BEAC	H FL Country		59-242	5904		<u> </u>	ot Applicable
32174 ,	32174				of Status Desired  Address of Nev		Fee Require	
OLIVARI, WILLIAM L.		Name						,
141 SAGE BRUSH TRAIL STE D	•	Street	Address (	P.O. Box Numb	er is Not Accepta	able)		
ORMOND BEACH, FL 32074		City			<u>-</u>		Zip Coo	le .
The above named entity submits this statement for	r the purpose of changing its		or register	ed agent, or bo	oth, in the State of	Florida. Lan	<b>-</b>	.,,,,,,
the obligations of registered agent.		• .	J					
SIGNATURE	and title if applicable. (NOT	E: Registered Agent sig	nature required	when reinstating)		DATE		
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campa Trust Fund Cont		<b>\$5.</b> □ Addd	00 May Be ed to Fees				
10. OFFICERS AND		11.	1	ADDITIONS	/CHANGES TO C	FFICERS AN		
TITLE DP NAME OLIVARI, WILLIAM L.	☐ Delete	TITLE NAME					☐ Change	Addition
STREET ADDRESS 141 SAGE BRUSH TRAIL ORMOND BCH., FL		STREET ADDRES CITY-ST-ZIP	S					
TITLE VPD NAME OLIVAR, JOHN S	☐ Delete	TITLE NAME			·n. c		(X) Change	☐ Addition
STREET ADDRESS 141 SAGE BRUSH TRL STE D		STREET ADDRESS		/ARI, JC	HN S			
CITY-ST-ZIP ORMOND BEACH, FL 32174	Delete	CITY-ST-ZIP TITLE	, .				☐ Change	☐ Addition
NAME GREENLEES, MARY STREET ADDRESS 141 SAGE BRUSH TRL STE D CITY-ST-ZIP ORMOND BEACH, FL 32174		NAME Street Address City-St-Zip	5				•	-
TITLE	☐ Delete	TITLE	·	<del></del>			☐ Change	☐ Addition
STREET ADDRESS CITY-S1-ZIP		STREET ADDRESS	5		•	•		
TITLE	☐ Delete	TIFLE					☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		NAME Street Addres: City-St-Zip	5	·			•	
TITLE NAME	☐ Delete	TITLE			-		Change	Addition
NAME: STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	3					
I hereby certify that the information supplied with indicated on this report or supplemental report of the corporation or the receiver or trustee empchanged, or on an attachment with an address.	this filing does not qualify for true and accurate and that report		tated in Sei have the s	ction 119.07(3) same legal effect	(i), Florida Statute	es. I further ce er oath; that I	rtify that the is am an officer	nformation or director
channed or on an attachment with an address	with all ather like emnowered	40.040.00 B) O	naptai oor	, 110	bo, and didently in	ано арреше	III DIOOK IO O	DIOCK III

OLIVARI & ASSOCIATES # 414989

July 6, 2004

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sir or Madam:

We received a "Notice of Intent to Dissolve" miraculously from the post office even though the only address used by your office was Suite D, Ormond Beach Florida (copy enclosed).

When we downloaded our UBR from the internet we found the enclosed report which clearly shows again; the State did not list the full address in the Principal Place of Business box (copyenclosed)

We must assume this is why we did not receive notice of our UBR being due and did not pay it timely. Please accept the enclosed check for \$150.00 for the year 2004, but equally important please adjust your records and include the full name and address of our corporation to avoid any confusion in the future.

Very truly yours,

William L. Olivari, CPA

/dk

**Enclosures**