

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H14989

FILED
Apr 10, 2009
Secretary of State

Entity Name: OLIVARI AND ASSOCIATES, P.A.

Current Principal Place of Business:

141 SAGE BRUSH TRAIL
STE D
ORMOND BEACH, FL 321749188 US

New Principal Place of Business:

Current Mailing Address:

141 SAGE BRUSH TRAIL
STE D
ORMOND BEACH, FL 321749188 US

New Mailing Address:

FEI Number: 59-2425904

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLIVARI, JOHN
141 SAGE BRUSH TRAIL
STE D
ORMOND BEACH, FL 32074 US

Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: OLIVARI, JOHN S
Address: 141 SAGE BRUSH TRL STE D
City-St-Zip: ORMOND BEACH, FL 32174

Title: VPDS () Delete
Name: GREENLEES, MARY
Address: 141 SAGE BRUSH TRL STE D
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN OLIVARI

DP

04/10/2009

Electronic Signature of Signing Officer or Director

Date