

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90144 001 \*\*\*300.00

**DOCUMENT # P99000023497**

1. Entity Name  
**THE 1209 NORTH OLIVE AVENUE CORPORATION**



Principal Place of Business      Mailing Address  
**1209 NORTH OLIVE AVENUE**      **1209 NORTH OLIVE AVENUE**  
**W. PALM BCH, FL 33401**      **W. PALM BCH, FL 33401**

**66419901**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

04302004      Chg-P      CR2E034 (10/03)

City & State      City & State

4. FEI Number      Applied For  
**65-0923044**       Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**SCHWENCKE, KERRY R ESQ.**  
**1209 NORTH OLIVE AVE**  
**W. PALM BCH, FL 33401**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ DATE **9/24/09**

Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	SCHWENCKE, KERRY R	1209 NORTH OLIVE AVENUE	WEST PALM BEACH, FL 33401	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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:** \_\_\_\_\_ DATE **9/24/09** DAYTIME PHONE # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment



66419901

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

April 30, 2004

THE 1209 NORTH OLIVE AVENUE CORPORATION  
1209 NORTH OLIVE AVENUE  
W. PALM BCH, FL 33401

SUBJECT: THE 1209 NORTH OLIVE AVENUE CORPORATION  
Ref. Number: P99000023497

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

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

Please return a copy of this letter to ensure your money is properly credited. Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers  
Document Specialist

Letter Number: 104A00029441

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DIVISION OF CORPORATIONS  
MAY 11 2004

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