


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90086 023 ***150.00

DOCUMENT # 475124
 1. Entity Name
OLIVE BRANCH GROVE, INC.



Principal Place of Business Mailing Address
3297 CR 664 **3297 CR 664**
BOWLING GREEN, FL 33834 US **BOWLING GREEN, FL 33834 US**

04004140



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01062004 Chg-P CR2E034 (10/03)

4. FEI Number 59-1619272	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOEGERLE, JANE
2241 RISING CREEK CT
DUNEDIN, FL 34698

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	VD	<input type="checkbox"/> Delete
NAME	MOEGERLE, JANE S	
STREET ADDRESS	2241 RISING CREEK CT	
CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HERRON, CLAUDEENE	
STREET ADDRESS	3297 CR 664	
CITY-ST-ZIP	BOWLING GREEN, FL 33834	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, JOSEPH F	
STREET ADDRESS	3205 CR 664	
CITY-ST-ZIP	BOWLING GREEN, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOEGERLE, GEREN C	
STREET ADDRESS	2241 RISING CREEK CT	
CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERRON, COHEN	
STREET ADDRESS	3297 CR 664	
CITY-ST-ZIP	BOWLING GREEN, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, JOSEPHÈNE	
STREET ADDRESS	3205 CR 664	
CITY-ST-ZIP	BOWLING GREEN, FL	

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		

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: *Claudeene Herron* **Claudeene Herron** 1-28-04 (863) 375-4438
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #