


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 475124					
1. Entity Name OLIVE BRANCH GROVE, INC.					
Principal Place of Business 3297 CR 664 BOWLING GREEN FL 33834 US			Mailing Address P.O. BOX 1194 BOWLING GREEN FL 33834 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1619272	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MOEGERLE, JANE 237 PELICAN DR. N. OLDSMAR FL 34677				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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 signatures required when re-registering) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOEGERLE, JANE S	NAME			
STREET ADDRESS	237 PELICAN DR. N.	STREET ADDRESS			
CITY-ST-ZIP	OLDSMAR FL 34677	CITY-ST-ZIP			
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HERRON, CLAUDEENE	NAME			
STREET ADDRESS	P.O. BOX 1194	STREET ADDRESS			
CITY-ST-ZIP	BOWLING GREEN FL 33834	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, JOSEPH F	NAME			
STREET ADDRESS	3205 CR 664	STREET ADDRESS			
CITY-ST-ZIP	BOWLING GREEN FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOEGERLE, GEREN C	NAME			
STREET ADDRESS	237 PELICAN DR. N.	STREET ADDRESS			
CITY-ST-ZIP	OLDSMAR FL 34677	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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CITY-ST-ZIP		CITY-ST-ZIP			



1st MOORE CR2E034 (10/05)

4. FEI Number **59-1619272**

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

**MOEGERLE, JANE
237 PELICAN DR. N.
OLDSMAR FL 34677**

FL Zip Code

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

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CITY-ST-ZIP		CITY-ST-ZIP	

U00000516623 Change Addition
 05/01/06-80011-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 *STD* Claudeene Herron *4-13-06 863-773-9072*