

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90012 036 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

40025989



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 - No P.O. Box # 3205 CR 664 Suite, Apt. #, etc.		3. Mailing Address 3205 CR 664 Suite, Apt. #, etc.
City & State BOWLING GREEN, FL		City & State BOWLING GREEN, FL
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 237 PELICAN DR. N. OLDSMAR, FL 34677		7. Name and Address of New Registered Agent Name: Joseph F. Smith Street Address (P.O. Box Number is Not Acceptable): 3205 CR 664 City: BOWLING GREEN FL Zip Code: 33834
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: <u>Joseph F. Smith</u> Joseph F. Smith, Pres. 2/24/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 NAME: MOEGERLE, JANE S STREET ADDRESS: 237 PELICAN DR. N. CITY-ST-ZIP: OLDSMAR, FL 34677	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: STD <input type="checkbox"/> Delete NAME: HERRON, CLAUDEENE STREET ADDRESS: P.O. BOX 1194 CITY-ST-ZIP: BOWLING GREEN, FL 33834	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: PD <input type="checkbox"/> Delete NAME: SMITH, JOSEPH F STREET ADDRESS: 3205 CR 664 CITY-ST-ZIP: BOWLING GREEN, FL	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: D <input type="checkbox"/> Delete NAME: MOEGERLE, GEREN C STREET ADDRESS: 237 PELICAN DR. N. CITY-ST-ZIP: OLDSMAR, FL 34677	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: D <input type="checkbox"/> Delete NAME: HERRON, COHEN STREET ADDRESS: P.O. BOX 1194 CITY-ST-ZIP: BOWLING GREEN, FL 33834	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete 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 exemptions contained 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 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: <u>Joseph F. Smith</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Joseph F. Smith, Pres. 2/24/07 863-375-4589 Daytime Phone #