


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90048 022 \*\*\*158.75

<b>DOCUMENT # 475124</b> 1. Entity Name <b>OLIVE BRANCH GROVE, INC.</b>					
Principal Place of Business <b>3205 CR 664</b> <b>BOWLING GREEN, FL 33834 US</b>			Mailing Address <b>3205 CR 664</b> <b>BOWLING GREEN, FL 33834 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-1619272</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable			
<b>6. Name and Address of Current Registered Agent</b>  <b>SMITH, JOSEPH</b> <b>3205 CR 664</b> <b>BOWLING GREEN, FL 33834</b>				<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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: _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <input type="checkbox"/> Delete <b>MOEGERLE, JANE S</b> <b>237 PELICAN DR. N.</b> <b>OLDSMAR, FL 34677</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6321 BLUE ASTER TRACE</b> <b>SUMMERFIELD, NC 27358</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <input type="checkbox"/> Delete <b>HERRON, CLAUDEENE</b> <b>P.O. BOX 1194</b> <b>BOWLING GREEN, FL 33834</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3297 COUNTY ROAD 664</b> <b>BOWLING GREEN, FL 33834</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input type="checkbox"/> Delete <b>SMITH, JOSEPH F</b> <b>3205 CR 664</b> <b>BOWLING GREEN, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MOEGERLE, GEREN C</b> <b>237 PELICAN DR. N.</b> <b>OLDSMAR, FL 34677</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6321 BLUE ASTER TRACE</b> <b>SUMMERFIELD, NC 27358</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>HERRON, COHEN</b> <b>P.O. BOX 1194</b> <b>BOWLING GREEN, FL 33834</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3297 COUNTY ROAD 664</b> <b>BOWLING GREEN, FL 33834</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u>Joseph F. Smith</u> <b>Joseph F. Smith</b> <u>1/23/08</u> <u>863 375-4589</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					