


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-28-2008 90048 022 ***158.75

DOCUMENT # 475124

1. Entity Name
OLIVE BRANCH GROVE, INC.



Principal Place of Business Mailing Address
3205 CR 664 **3205 CR 664**
BOWLING GREEN, FL 33834 US **BOWLING GREEN, FL 33834 US**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

01232008 Chg-P CR2E034 (12/06)

City & State City & State

4. FEI Number Applied For
59-1619272 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SMITH, JOSEPH 3205 CR 664 BOWLING GREEN, FL 33834		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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOEGERLE, JANE S			NAME	6321 BLUE ASTER TRACE		
STREET ADDRESS	237 PELICAN DR. N.			STREET ADDRESS	SUMMERFIELD, NC 27358		
CITY-ST-ZIP	OLDSMAR, FL 34677			CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERRON, CLAUDEENE			NAME	3297 COUNTY ROAD 664		
STREET ADDRESS	P.O. BOX 1194			STREET ADDRESS	BOWLING GREEN, FL 33834		
CITY-ST-ZIP	BOWLING GREEN, FL 33834			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Joseph F. Smith Joseph F. Smith 1/23/08 863 375-4589

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #