

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 594085

FILED  
Jan 06, 2010  
Secretary of State

Entity Name: OLIVENBAUM INSURANCE, INC.

**Current Principal Place of Business:**

752 MONTROSE STREET  
CLERMONT, FL 34711 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 120218  
CLERMONT, FL 34712 US

**New Mailing Address:**

FEI Number: 59-1863681

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

OLIVENBAUM, GLENN A.  
752 MONTROSE ST  
CLERMONT, FL 34711 US

**Name and Address of New Registered Agent:**

OLIVENBAUM, GLENN A PRES  
752 MONTROSE ST  
CLERMONT, FL 34711 US

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.

SIGNATURE: GLENN A OLIVENBAUM

01/06/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VD  
Name: OLIVENBAUM, DONALD J  
Address: 8910 SPYGLASS LOOP  
City-St-Zip: CLERMONT, FL 34711

Title: PD  
Name: OLIVENBAUM, GLENN A  
Address: 291 CRESTVIEW DR  
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GLENN A OLIVENBAUM

PRES

01/06/2010

Electronic Signature of Signing Officer or Director

Date