

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 670606

FILED  
Feb 25, 2004  
Secretary of State

Entity Name: FRANK OLIVA, INC.

## Current Principal Place of Business:

658 DOUGLAS AVENUE  
1112  
ATLANTIC SPRINGS, FL 32714 US

## Current Mailing Address:

658 DOUGLAS AVENUE  
1112  
ATLANTIC SPRINGS, FL 32714 US

FEI Number: 11-2474975

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## New Principal Place of Business:

658 DOUGLAS AVENUE  
1112  
ALTAMONTE SPRINGS, FL 32714 US

## New Mailing Address:

658 DOUGLAS AVENUE  
1112  
ALTAMONTE SPRINGS, FL 32714 US

## Name and Address of Current Registered Agent:

OLIVA, FRANK M.  
1270 MAJESTIC OAK DR  
APOPKA, FL 32712 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: OLIVA, FRANK M.,  
Address: 1270 MAJESTIC OAK DR  
City-St-Zip: APOPKA, FL 32712 US

Title: V ( ) Delete  
Name: OLIVA, FRANK J.,  
Address: 1320 CLASSIC DR  
City-St-Zip: LONGWOOD, FL 32779 US

Title: V ( ) Delete  
Name: OLIVA, JOHN L.,  
Address: 2203 PALM VIEW DR  
City-St-Zip: APOPKA, FL 32712 US

Title: ST ( ) Delete  
Name: MACON, GINA MARIE  
Address: 194 S SHADOW BAY BLVD  
City-St-Zip: LONGWOOD, FL 32779

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FRANK J. OLIVA

V

02/25/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date