

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 670606

FILED
Apr 17, 2009
Secretary of State

Entity Name: FRANK OLIVA, INC.

Current Principal Place of Business:

658 DOUGLAS AVENUE
1112
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

658 DOUGLAS AVENUE
1112
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 11-2474975 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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: VP (X) Change () Addition
Name: OLIVA, FRANK J.
Address: 1320 CLASSIC DR
City-St-Zip: LONGWOOD, FL 32779 US

Title: VP (X) Change () Addition
Name: OLIVA, JOHN L.
Address: 2203 PALM VIEW DR
City-St-Zip: APOPKA, FL 32712 US

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 M. OLIVA

P

04/17/2009

Electronic Signature of Signing Officer or Director

_____ Date