


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 674821 1. Entity Name OLIVENBAUM GROVES, INC.	
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Principal Place of Business 9046 S. HWY 561 CLERMONT, FL 34711 US	Mailing Address P.O. BOX 120218 CLERMONT, FL 34712 US
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03142004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2011495	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent OLIVENBAUM, CARL 10005 SW 15TH PLACE GAINESVILLE, FL 32607
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000089830 03/16/04-80004-021 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS OLIVENBAUM, ENID A. 9246 S. LAKE SHORE DR. CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT OLIVENBAUM, CARL A 10005 SW 15TH PLACE GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV OLIVENBAUM, GLENN 291 CRESTVIEW DRIVE CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  CARL A. OLIVENBAUM	7/17/04	352-392-2061
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>