

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 674821

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** OLIVENBAUM GROVES, INC.

**Current Principal Place of Business:**

9046 S. HWY 561  
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:** 59-2011495

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OLIVENBAUM, CARL  
10005 SW 15TH PLACE  
GAINESVILLE, FL 326073218 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

**OFFICERS AND DIRECTORS:**

**Title:** DPT  
**Name:** OLIVENBAUM, CARL A  
**Address:** 10005 SW 15TH PLACE  
**City-St-Zip:** GAINESVILLE, FL 32607 US

**Title:** DVS  
**Name:** OLIVENBAUM, GLENN  
**Address:** 291 CRESTVIEW DRIVE  
**City-St-Zip:** CLERMONT, FL 34711 US

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:** CARL A OLIVENBAUM

DPT

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date