

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000543

FILED  
Feb 16, 2011  
Secretary of State

**Entity Name:** OLIVER TECHNOLOGIES, INC.

**Current Principal Place of Business:**

525 NW RAILROAD ST.  
LAKE CITY, FL 32055

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 9  
HOHENWALD, TN 38462

**New Mailing Address:**

**FEI Number:** 20-0223480

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BERNARD, RANDALL  
525 NW RAILROAD STREET  
LAKE CITY, FL 32055 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: CP  
Name: OLIVER, JAMES  
Address: 1286 STEPHENSTOWN RD  
City-St-Zip: LINDEN, TN 37096

Title: VCS  
Name: OLIVER, EVON  
Address: 1286 STEPHENSTOWN RD  
City-St-Zip: LINDEN, TN 37096

Title: VP  
Name: OLIVER, EMILY G  
Address: 1411 STEPHENSTOWN RD  
City-St-Zip: LINDEN, TN 37096

Title: VP  
Name: OLIVER, DANIEL L  
Address: 1411 STEPHENSTOWN RD.  
City-St-Zip: LINDEN, TN 37096

Title: VP  
Name: OLIVER, SCOTT E  
Address: 2024 STEPHENSTOWN RD  
City-St-Zip: LINDEN, TN 37096

Title: VP  
Name: OLIVER, JOHN A  
Address: 904 STEPHENSTOWN RD  
City-St-Zip: LINDEN, TN 37096

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: EMILY OLIVER

VP

02/16/2011

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

\_\_\_\_\_  
Date