


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F99000004853</b>	
1. Entity Name OLIVE BROTHERS FARM, INC.	

Principal Place of Business 809 HIGHLAND STREET DOTHAN, AL 36301	Mailing Address 809 HIGHLAND STREET DOTHAN, AL 36301
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DO NOT WRITE IN THIS SPACE



03042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3155546	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  OLIVE, CHARLES H 5418 OLIVE ROAD BASCOM, FL 32423
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DO NOT WRITE  
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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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, by \_\_\_\_\_, printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC OLIVE, JOHNNY M 809 HIGHLAND STREET DOTHAN, AL 36301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST OLIVE, CHARLES H 809 HIGHLAND STREET DOTHAN, AL 36301
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03/12/05-80036-017 150.00

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:** Charles H Olive, Charles H Olive Secretary 3-10-05 334-794 4903  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #