

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # F99000004853

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



03072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3155546	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OLIVE, CHARLES H
5418 OLIVE ROAD
BASCOM, FL 32423

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	OLIVE, JOHNNY M
STREET ADDRESS	809 HIGHLAND STREET
CITY - ST - ZIP	DOTHAN, AL 36301

TITLE	DST
NAME	OLIVE, CHARLES H
STREET ADDRESS	809 HIGHLAND STREET
CITY - ST - ZIP	DOTHAN, AL 36301

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/27/07-80043-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Olive Charles Olive

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-07

Date

334-794-4903

Daytime Phone #