2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2009
Secretary of State

DOCUMENT# G93314

Entity Name: T.R. OLIVE, INC.

Current Principal Place of Business:

464 S. DUVAL ST.
MADISON, FL 32340

New Principal Place of Business:

Current Mailing Address:

702 SW DUVAL ST.
MADISON, FL 32340

New Mailing Address:

464 S DUVAL AVE.
MADISON, FL 32340

FEI Number: 59-2390860 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLIVE, BETTY
464 S. DUVAL ST.
MADISON, FL 32340 US

Name and Address of New Registered Agent:

OLIVE, BETTY
464 S. DUVAL AVE
MADISON, FL 32340 US

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: 02/21/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: OLIVE, TERRY
Address: 464 S. DUVAL ST.
City-St-Zip: MADISON, FL 32340

Title: VP ( ) Delete
Name: OLIVE, LARRY
Address: 464 S. DUVAL ST.
City-St-Zip: MADISON, FL 32340

Title: ST ( ) Delete
Name: OLIVE, DIANE
Address: 464 S. DUVAL ST.
City-St-Zip: MADISON, FL 32340

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: OLIVE, TERRY
Address: 464 S. DUVAL AVE
City-St-Zip: MADISON, FL 32340

Title: VP (X) Change ( ) Addition
Name: OLIVE, LARRY
Address: 464 S. DUVAL AVE
City-St-Zip: MADISON, FL 32340

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BETTY OLIVE RA 02/21/2009
Electronic Signature of Signing Officer or Director — Date