


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # H44759		
1. Entity Name OLIVER & JOSEPH, P.A., CERTIFIED PUBLIC ACCOUNTANTS		
Principal Place of Business 18 N. BROAD STREET BROOKSVILLE, FL 34601	Mailing Address 18 N. BROAD STREET BROOKSVILLE, FL 34601	



04232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2485874	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

**DO NOT WRITE
IN THIS SPACE**

GARY, MARY BETH
18 N. BROAD ST.
BROOKSVILLE, FL 34601

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)

000000325811

05/28/08-80041-021 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	PATTERSON, O. CLINTON
STREET ADDRESS	5332 PATRICIA PLACE
CITY-ST-ZIP	SPRING HILL, FL 34607
TITLE	PM
NAME	GARY, MARY BETH
STREET ADDRESS	P.O BOX 1026
CITY-ST-ZIP	BROOKSVILLE, FL 34605
TITLE	STD
NAME	DEASON, C. K
STREET ADDRESS	10004 KIMBROUGH DR
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: _____

SIGNATURE AND TITLE FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY BETH GARY

4/24/08

Date

Daytime Phone #