


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90025 050 ***150.00

DOCUMENT # P00000008930	
1. Entity Name OLIVER'S CONDO MAINTENANCE, INC.	

Principal Place of Business 25 WALTER MARTIN SUITE 202 FT WALTON BEACH, FL 32548	Mailing Address P.O. BOX 1570 FORT WALTON BEACH, FL 32549
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2. Principal Place of Business - No P.O. Box # 305 FLORENCE ST.	3. Mailing Address
Suite, Apt. #, etc. DEFUNIAK SPRGS	Suite, Apt. #, etc.
City & State FLORIDA	City & State
Zip 32435	Country WALTON



04092008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3620180		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.		
6. Name and Address of Current Registered Agent WALTERS, ELIZABETH J 221 MCKENZIE AVENUE PANAMA CITY, FL 32401		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHLEY, OLIVER H III P.O. BOX 1570 FORT WALTON BEACH, FL 32549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-08 (888) 854 5662