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## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUN  1. Entity Name OLIVE EY		16418		FILED 04 APR 26 PM 4: 40
Principal Place of Business 2634 TOPAZ WAY TALLAHASSEE, FL 32309		Mailing Address 2634 TOPAZ WAY TALLAHASSEE, FL 32309		SECRETARY OF STATE TALLABASSIE, FLORIDA
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04262004 Chg-P CR2E034 (10/03)
City & State		City & State		4. FEI Number Applied For Not Applicable
Zip	Country	Zìp	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required
	6. Name and Address of Curr	ent Registered Agent	Name	7. Name and Address of New Registered Agent
WILCOX, F 2634 TOPA TALLAHAS			Street Add	dress (P.O. Box Number is Not Acceptable)
3 .			City	FL Zip Code
the obligati	named equity-softomits this statement ons of registered-agent.  Signature, typed or printed name of registered a	See June 1995	ts registered office or ru	
	E:NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$55	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST WILCOX, RALPH 2634 TOPAZ WAY TALLAHASSEE, FL 32309	ND DIRECTORS  Delete	11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Change Addition
12. I hereby of indicated of the cor changed.	certify that the information supplied on this report or supplemental rep poration or the receiver or flusted or on an attachment with an addre	with this filing does not qualify out is true and accurate and that empowered to execute this reposes, with all other like empowere	for the exemption state t my signature shall ha ort as required by Chap d.	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information are the same legal effect as if made under oath; that I am an officer or director other 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if
SIGNAT	URE: SIGNATURE AND TYPES	O OR PRINTED NAME OF SIGNING OFFICE	ER OR DIRECTOR	Oste Daytime Phone #