

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000016418

Entity Name: OLIVE EYES, INC.

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2634 TOPAZ WAY  
TALLAHASSEE, FL 32309

**New Principal Place of Business:**

621 ARBOR STATION LANE  
TALLAHASSEE, FL 32312

**Current Mailing Address:**

2634 TOPAZ WAY  
TALLAHASSEE, FL 32309

**New Mailing Address:**

PO BOX 563  
COLQUITT, GA 39837

FEI Number: 74-3027863

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILCOX, RALPH  
2634 TOPAZ WAY  
TALLAHASSEE, FL 32309 US

**Name and Address of New Registered Agent:**

WILCOX, RALPH  
621 ARBOR STATION LANE  
TALLAHASSEE, FL 32312 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/14/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: WILCOX, RALPH  
Address: 621 ARBOR STATION LANE  
City-St-Zip: TALLAHASSEE, FL 32312

I hereby 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 all other like empowered.

SIGNATURE: RALPH WILCOX

PRES

04/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date