



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90010 040 \*\*\*150.00

<b>DOCUMENT # P03000031639</b> 1. Entity Name <b>CYNTHIA C. OLYER, INC.</b>																													
Principal Place of Business <b>766-C AVENIDA ESTANCIA</b> <b>VENICE FL 34292</b>				Mailing Address <b>766-C AVENIDA ESTANCIA</b> <b>VENICE FL 34292</b>																									
2. Principal Place of Business <b>4490 Yacht Club Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>4490 Yacht Club Dr</b> Suite, Apt. #, etc.		 MOORE CR2E034_(11/03)																									
City & State <b>Venice FL</b>		City & State <b>Venice FL</b>		4. FEI Number <b>04 3748130</b>																									
Zip <b>34293</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>OLYER, CYNTHIA C</b> <b>766-C AVENIDA ESTANCIA</b> <b>VENICE FL 34292</b>				7. Name and Address of New Registered Agent Name <b>- new address</b> Street Address (P.O. Box Number is Not Acceptable) <b>4490 Yacht Club Dr</b> City <b>Venice</b> <b>FL</b> Zip Code <b>34293</b>																									
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 <u><i>Cynthia C Olyer</i></u> DATE <u>2/8/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">D</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>OLYER, CYNTHIA C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>766-C AVENIDA ESTANCIA</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>VENICE FL 34292</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">Change address</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>4490 Yacht Club Dr</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Venice FL 34293</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	D	<input type="checkbox"/> Delete	NAME	OLYER, CYNTHIA C		STREET ADDRESS	766-C AVENIDA ESTANCIA		CITY-ST-ZIP	VENICE FL 34292		TITLE	Change address	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	4490 Yacht Club Dr		STREET ADDRESS	Venice FL 34293		CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Cynthia C Olyer</i></u> Pres. <u>2/8/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													