

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90049 013 ***150.00

DOCUMENT # P03000042503

1. Entity Name

GARY OLIVE, INC.



Principal Place of Business

P. O. BOX 518
BRANFORD FL 32008

Mailing Address

P. O. BOX 518
BRANFORD FL 32008



2. Principal Place of Business - No P.O. Box #

1429 N Ohio Ave

Suite, Apt. #, etc.

Live Oak, Fla

City & State

Live Oak Fla

Zip

32064

Country

SAVANNEH

3. Mailing Address

1429 N Ohio Ave

Suite, Apt. #, etc.

City & State

Live Oak, FL

Zip

32064

Country

SAVANNEH

1st MOORE

CR2E034 (10/06)

4. FEI Number

56-2324907

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OLIVE, GARY
10065 US 129TH SOUTH
LIVE OAK FL 32060-9800

7. Name and Address of New Registered Agent

Name

Gary Olive

Street Address (P.O. Box Number is Not Acceptable)

1429 N Ohio Ave

Live Oak, FL

City

FL

Zip Code

32064

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME OLIVE, GARY
STREET ADDRESS P. O. BOX 518
CITY-STATE-ZIP BRANFORD FL 32008

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
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CITY-STATE-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Olive, Gary ☒ Change ☒ Addition
NAME 1429 N Ohio Ave
STREET ADDRESS Live Oak, FL 32064
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Gary B Olive

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-07

Date

386-362-1971

Daytime Phone #