

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000042503

Entity Name: GARY OLIVE, INC.

**FILED**  
**Mar 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1429 N OHIO AVE  
LIVE OAK, FL 32064

**New Principal Place of Business:**

**Current Mailing Address:**

1429 N OHIO AVE  
LIVE OAK, FL 32064

**New Mailing Address:**

FEI Number: 56-2324907

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

OLIVE, GARY  
1429 N OHIO AVE  
LIVE OAK, FL 32064 US

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

OLIVE, GARY B  
1429 N OHIO AVE  
LIVE OAK, FL 32064 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: GARY B OLIVE

03/28/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: OLIVE, GARY B  
Address: 1429 N OHIO AVE  
City-St-Zip: LIVE OAK, FL 32064

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: GARY B OLIVE

D

03/28/2011

Electronic Signature of Signing Officer or Director

Date