## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 19, 2004 8:00 am Secretary of State

39

PRODUCT Place of Business    1230 SOUTH MYRTLE AVENUE SUITE 105   1230 SOUTH MYRTLE A	DOCUMENT # P03000085817  1. Entity Name OLIVER 19, INC.								07-19-2004	90010 04	42 ***15	70.00	
Suite. Apt. #, etc.    Suite. Apt. #, etc.   Suite.   Sui	1230 SOUTH	I MYRTLE AV	VENUE SUITE 105	1230 SOUTH MYRTLE AVENUE SUITE 105			5				54	06343	
City & State  Country  City City Country  Ci	2. Principal P	lace of Busin	ness	3. Mailing Address									
Country   Zip   Country   S. Cerrificate of Status Desired   Se.75 Additional   Se.75 A	Suite, Apt. #, etc.			Suite, Apt. #, etc.				06302004	Chg-P	CR2E03	14 (10/03)	• .	
Country   Zip   Country   S. Carrificate of Status Desired   \$8.75 Additional Fee Required   See Required   S	City & State			City & State			4. FEI Numb	ว็เก <b>953</b> 8	,	<u> </u>	<del></del>		
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name    Street Address (P.O. Box Number is Not Acceptable)	Zip	p Country		Zip	Coun	Country				п \$	8.75 Add	ditional	
Name		6. Name	and Address of Current	Registered Agent	٠	1		7. Name and	Address of New Re				
Street Address (P.O. Box Number is Not Acceptable)   CLEARWATER, FL 33756													
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Surative, lyped or printed name of registered agent and side of applicable.   (NOTE: Registered Agent september (Agent september	1230 SOUTH MYRTLE AVENUE SUITE 105						Street Address (P.O. Box Number is Not Acceptable)						
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am lamiliar with, and accept the obligations of registered agent.  SIGNATURE    Survey   Superior   Superior				City El Zip Coo						e			
SIGNATURE    Signature, boed or printed name of registered agent and title if applicable. (NOTE: Registered Agent approache required when renation)   DATE											1 '		
Trust Fund Contribution. Added to Fées corporation did not receive the prior notice.  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1]  ITILE OGOLSON, WILLIAM M GOLSON, WILLIAM M 1230 SOUTH MYRTLE AVENUE SUITE 105  CITY-ST-ZIP CLEARWATER, FL 33756  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	the obligations of registered agent.  SIGNATURE												
ITILE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS			n Campaign Financing \$5 und Contribution.			00 May Be ed to Fees	In accordance w corporation did r	rith s. 607.1 not receive	193(2)(b), the prior r	F.S., the notice.			
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET	10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS	CHANGES TO OFFI	CERS AND I	DIRECTORS	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET	ITLE	D		Delete	IIILE	:	OP						
CIPY-ST-ZIP  CLEARWATER, FL 33756  CIPY-ST-ZIP  Change   Addition  Addition  NAME  SIREET ADDRESS  CIPY-ST-ZIP  CHANGE  CIPY-ST-ZIP  TITLE  NAME  SIREET ADDRESS  CIPY-ST-ZIP	NAME	GOLSON,	, WILLIAM M	* ***			· -		Lan. 2014.			_	
CITY-ST-ZIP  CLEARWATER, FL 33756  CITY-ST-ZIP  Change   Addition	STREET ADDRESS	·					P	2- 4. N	COURSE AU		= 105		
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	CITY-ST-ZIP	ITY-ST-ZIP CLEARWATER, FL 33756 CIT											
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS		P		☐ Delete									
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	STREET ADORESS				STREE	ET ADDRESS							
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	TITLE			☐ Delete					<u> </u>		☐ Change	☐ Addition	
CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP         Change Addition         Addition           NAME	NAME												
TITLE   Delete   TITLE   Change   Addition   NAME   NAME   STREET ADDRESS   CITY-ST-ZIP    TITLE   Delete   TITLE   TITLE   NAME   NAME   NAME   NAME   NAME   NAME   NAME   NAME   STREET ADDRESS					STREE	ET ADDRESS							
NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	CITY-ST-ZIP				CITY-	-ST-ZIP							
STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS		i,		☐ Delete	TITLE				<u></u>		Change	☐ Addition	
CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE           NAME         NAME           STREET ADDRESS         STREET ADDRESS		_ ·		ي چيد ميول د ميدد د				• •					
NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS													
STREET ADDRESS STREET ADDRESS				☐ Delete	TITLE						☐ Change	Addition	
	STREET ADDRESS					ET ADDRESS							

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 otifier like empowered.

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

Delete

TITLE

STREET ADDRESS

CITY-ST-ZIP

Change

☐ Addition