


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P05000117764</b> 1. Entity Name WILD OLIVE, INC.	
--	---

Principal Place of Business 797 NORTH PEARL STREET CRESTVIEW, FL 32536	Mailing Address 797 NORTH PEARL STREET CRESTVIEW, FL 32536
--	--

**DO NOT WRITE IN THIS SPACE**

04302007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3131684	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MCDUFFIE, MICHAEL S  
797 NORTH PEARL STREET  
CRESTVIEW, FL 32536

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be</b> <b>Added to Fees</b>	U000000754126 05/22/07-80046-023 150.00
---	--	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHIRUM, CHRISTOPHER J 748 VINTAGE CIRCLE DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCDUFFIE, SUSAN R 5841 FRIENDSHIP LANE CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCDUFFIE, MICHAEL S 5841 FRIENDSHIP LANE CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHIRUM, ESTHER T 748 VINTAGE CIRCLE DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** *Michael S. McDuffie* *Michael S McDuffie* *4/30/07* *(850) 681-4357*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #