2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 SEP 15 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000097762

1. Entity Name
WILD OLIVE MANAGEMENT, INC.

Principal Place of Business	Mailing Address
2246 REDWOOD CIRCLE PALM BAY, FL 32905	2246 REDWOOD CIRCLE PALM BAY, FL 32905

09032008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
155 Hearthside Ave NW Suite, Apt. #, etc.	155 Hearthside Ave NW Suite, Apt. #, etc.
City & State: Palm Bay, FL.	City & State: Palm Bay, FL.
Zip: 32907 Country: US	Zip: 32907 Country: US

4. FEI Number: 26-0834151 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
L.A. GORNTO, JR., ESQ. 444 SEABREEZE BLVD SUITE 200 DAYTONA BEACH, FL 32118	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CBD MENARD, EDWARD F 145 COQUINA AVE ORMOND BEACH, FL 32174	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST MENARD, KEVIN E 145 COQUINA AVE ORMOND BEACH, FL 32174	☐ Delete	DPST MENARD, Kevin E 155 Hearthside Ave NW Palm Bay, FL 32907	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	900135962199 09/16/08--01013--010 **558.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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

KS