

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 02, 2004 8:00 am**  
**Secretary of State**

08-02-2004 90017 017 \*\*\*550.00

**DOCUMENT # P13710**

1. Entity Name

MARIO OLIVE DIVISION OF WESTIN, INC.



Principal Place of Business

11808 WEST CENTER ST  
OMAHA NE 68144  
US

Mailing Address

11808 WEST CENTER ST  
OMAHA NE 68144  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **47-0615732**

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

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 CD ☐ Delete  
NAME WESTIN, R.S.  
STREET ADDRESS 9755 FREDERICK STREET  
CITY-ST-ZIP OMAHA NE

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

TITLE VD ☐ Delete  
NAME WESTIN, DIANE M.  
STREET ADDRESS 9755 FREDERICK STREET  
CITY-ST-ZIP OMAHA NE

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

TITLE S ☐ Delete  
NAME ROBERTS, ELAINE  
STREET ADDRESS 8862 IZARD CIR  
CITY-ST-ZIP OMAHA NE

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

TITLE TSD ☒ Delete  
NAME EENHUIS, LORETTA  
STREET ADDRESS 2518 S. 46TH AVENUE  
CITY-ST-ZIP OMAHA NE

TITLE T ☐ Change ☒ Addition  
NAME BRADLEY L. POPPEN  
STREET ADDRESS 11808 WEST CENTER ROAD  
CITY-ST-ZIP OMAHA, NE 68144

TITLE D ☐ Delete  
NAME WESTIN-BEHMER, KRISTIN  
STREET ADDRESS 15758 GROVE HILLS DR  
CITY-ST-ZIP BATAVIA IL 60510

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

TITLE D ☐ Delete  
NAME WESTIN-HOGAN, KARIN  
STREET ADDRESS 16018 LAKE CIRCLE  
CITY-ST-ZIP OMAHA NE

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

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 other like empowered.

**SIGNATURE:**

*Bradley L. Poppen*

BRADLEY L. POPPEN, TREASURER

7/28/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #