

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000013263

FILED  
Feb 11, 2010  
Secretary of State

**Entity Name:** OLIVINNE'S IN-HOME CARE, INC.

**Current Principal Place of Business:**

3153 NW 114 AVE.  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

3153 NW 114 AVE.  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

**FEI Number:** 65-0727726      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

WILLIAMS-OVERTON, SEYMOUR SR  
3153 NW 114 AVE.  
CORAL SPRINGS, FL 33065      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** CEO  
**Name:** WILLIAMS-OVERTON, SEYMOUR SR  
**Address:** 3153 NW 114 AVE.  
**City-St-Zip:** CORAL SPRINGS, FL 33065 US

**Title:** T  
**Name:** WILLIAMS-OVERTON, SEYMOUR SR  
**Address:** 3153 NW 114 AVE  
**City-St-Zip:** CORAL SPRINGS, FL 33065 US

**Title:** VP  
**Name:** WILLIAMS-BECKFORD, OLIVINNE  
**Address:** 3153 NW 114 AVE  
**City-St-Zip:** CORAL SPRINGS, FL 33065 US

**Title:** S  
**Name:** WILLIAMS-BECKFORD, OLIVINNE  
**Address:** 3153 NW 114 AVE  
**City-St-Zip:** CORAL SPRINGS, FL 33065 US

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: SEYMOUR WILLIAMS

CEO

02/11/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date