



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000003582</b>		
1. Entity Name THE OLIVER INSURANCE GROUP II, INC.		
Principal Place of Business 1040 BAYVIEW DR., SUITE 130 FT LAUDERDALE, FL 33304		Mailing Address 1040 BAYVIEW DR., SUITE 130 FT LAUDERDALE, FL 33304
<b>DO NOT WRITE IN THIS SPACE</b>		
		
01062004 No Chg-P CR2E034 (10/03)		
4. FEI Number 65-0885098		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
OLIVER, LINDA 1040 BAYVIEW DR., SUITE 130 FT LAUDERDALE, FL 33304		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P OLIVER, LINDA 1040 BAYVIEW DR., SUITE 130 FT LAUDERDALE, FL 33304	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP OLIVER, MICHAEL 1040 BAYVIEW DR., SUITE 130 FT LAUDERDALE, FL 33304	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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: <i>MICHAEL J. OLIVER</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/6/04 954-565-3100 <small>Date Daytime Phone #</small>