2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000069872

Entity Name: OLYMPIC CASE CO., INC.

FILED May 01, 2006 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
2604-0 TA TAMPA, FL	MPA EAST BI . 33619	LVD.			
Current Mailing Address:			New Mailii	New Mailing Address:	
2604-O TA TAMPA, FL	MPA EAST BI . 33619	LVD.			
FEI Number: 59-3393801 FEI Number Applied For () F		FEI Number Not Appli	icable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name a				Address of New Registered Agent:	
FULLER, JAMES E 2604-O TAMPA EAST BLVD. TAMPA, FL 33619 US					
The above in the State		submits this statement for the purp	oose of changing it	ts registered office or registered agent, or both,	
SIGNATUR					
	Electror	nic Signature of Registered Agent		Date	
Election Can		3(2)(b), F.S., the corporation did not re g Trust Fund Contribution(). ·TORS:	-	e. S/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	P ()) Delete	Title:	PD (X) Change () Addition	
Name:	FULLER, JAME		Name:	FULLER, JAMES E	
Address:	2604-O TAMPA	A EAST BLVD	Address:	2604-O TAMPA EAST BLVD	
City-St-Zip:	TAMPA, FL 33	619	City-St-Zip:	TAMPA, FL 33619	
Title:	VP (X) Delete	Title:	() Change () Addition	
Name:	TIMMER, JERR	•	Name:	()3- ()	
Address:	2604-O TAMPA	A E BLVD	Address:		
City-St-Zip:	TAMPA, FL 33	619	City-St-Zip:		
Title:	TR ()) Delete	Title:	() Change () Addition	
Name:	KIBELE, SUSA		Name:	() 5.14.1ge () / 144.116.1	
Address:	2604-O TAMPA	A E BLVD	Address:		
City-St-Zip:	TAMPA, FL 33	619	City-St-Zip:		
Title:	SEC ()) Delete	Title:	() Change () Addition	
Name:	FISHER, WILLI		Name:	()	
Address:	2604-O TAMPA	A E BLVD	Address:		
City-St-Zip:	TAMPA, FL 33	619	City-St-Zip:		
Title:	DIR (X) Delete	Title:	() Change () Addition	
Name:	FULLER, JAME	S E	Name:		
Address:	3604-O TAMPA		Address:		
City-St-Zip:	TAMPA, FL 33	619	City-St-Zip:		
Title:	DIR (X) Delete	Title:	() Change () Addition	
Name:	TIMMER, JERR	RY JR	Name:		
Address:	2604-O TAMPA		Address:		
City-St-Zip:	TAMPA, FL 33	619	City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES E FULLER P 05/01/2006