## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F00000007234

Entity Name: S.D. OLMORE & ASSOC., INC.

FILED Mar 11, 2009 Secretary of State

	rincipal Place of Business:	New Principal Place of Business:
	IWOOD ROAD AYNE, FL 33149	
urrent N	lailing Address:	New Mailing Address:
	IWOOD ROAD AYNE, FL 33149	
I Number	: 84-1187290 FEI Number Applied For (	FEI Number Not Applicable ( ) Certificate of Status Desired ( )
ame and	d Address of Current Registered Agen	t: Name and Address of New Registered Agent:
50 FERN	STEPHEN D IWOOD ROAD AYNE, FL 33149 US	
	e named entity submits this statement for e of Florida.	the purpose of changing its registered office or registered agent, or bot
GNATU	RE:	
	Electronic Signature of Registered	I Agent Date
ction Ca	mpaign Financing Trust Fund Contribution ( ).	
FICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO
le: ime: dress: ty-St-Zip:	PT () Delete OLMORE, STEPHEN D 750 FERNWOOD ROAD KEY BISCAYNE, FL 33149 US	Title: ( ) Change ( ) Addition Name: Address:
	KET BISCATINE, LE 33149 03	City-St-Zip:
me: dress:	D ( ) Delete DAY, RUTHERFORD STAR ROUTE, HCR BOX 15 PIOCHE, NV 89043	City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:
me: dress: y-St-Zip: e: me: dress:	D ( ) Delete DAY, RUTHERFORD STAR ROUTE, HCR BOX 15	Title: ( ) Change ( ) Addition Name: Address:
me: dress: y-St-Zip: e: me: dress: y-St-Zip: e: me: dress:	D () Delete DAY, RUTHERFORD STAR ROUTE, HCR BOX 15 PIOCHE, NV 89043  D () Delete ROSSER, JOHN PAUL 104 CRANDON BLVD	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: D (X) Change ( ) Addition Name: ROSSER, JOHN, PAUL Address: 104 CRANDON BLVD
le: Ime: Idress: Idres	D () Delete DAY, RUTHERFORD STAR ROUTE, HCR BOX 15 PIOCHE, NV 89043  D () Delete ROSSER, JOHN PAUL 104 CRANDON BLVD KEY BISCAYNE, FL 33149  D () Delete YOUNG, SAWYER R MR 5520 LEE HIGHWAY G2	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: D (X) Change ( ) Addition Name: ROSSER, JOHN, PAUL Address: 104 CRANDON BLVD City-St-Zip: KEY BISCAYNE, FL 33149  Title: ( ) Change ( ) Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify 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: STEPHEN D. OLMORE PT 03/11/2009