

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F41292</b>	
1. Entity Name OLYMPIA LIGHTING PRODUCTS, INC.	



Principal Place of Business 2205 NW 30TH PL POMPANO BEACH, FL 33069	Mailing Address 2205 NW 30TH PL POMPANO BEACH, FL 33069
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DO NOT WRITE IN THIS SPACE



08012005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2145907	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCORMICK, EDWARD J  
2215 NW 30TH PLACE  
POMPANO BEACH, FL

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURCH, PAUL 2215 NW 30TH PLACE POMPANO BEACH, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MURCH, SANDRA 2215 NW 30TH PLACE POMPANO BEACH, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MURCH, WILLIAM 2215 NW 30TH PLACE POMPANO BEACH, FL 00000,
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Sandra Murch **8/5/05 954-9779-1300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #