

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # F94000003663

1. Entity Name
OLM, INC.



Principal Place of Business
**975 COBB PL. BLVD.
SUITE 304
KENNESAW, GA 30144**

Mailing Address
**975 COBB PL. BLVD.
SUITE 304
KENNESAW, GA 30144**



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1765960

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AWARD CONSTRUCTION OF TAMPA, INC.
4018 W. CAYUGA ST.
TAMPA, FL 33614**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
MEDLOCK, THOMAS V
975 COBB PLACE BLVD., SUITE 304
KENNESAW, GA 30144**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
LINDSEY, MARK
20 OLD MOUNTAIN DR
POWDER SPRINGS, GA 30127**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

UN00000185021
01/20/05-80050-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-05
Date

770-420-0900
Daytime Phone