

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90108 027 ***150.00

DOCUMENT # L23814

1. Entity Name
OLYMPIA GOLD, INC.



Principal Place of Business

1715 BANKS RD
MARGATE, FL 33063 US

Mailing Address

1715 BANKS RD
MARGATE, FL 33063 US



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0153146

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILSON, FRANKLIN P
1715 BANKS RD
MARGATE, FL 33063

**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, 2008 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME WILSON, FRANKLIN P
STREET ADDRESS 1715 BANKS RD
CITY-ST-ZIP MARGATE, FL 33063

TITLE VP
NAME WILSON, GINA W
STREET ADDRESS 1715 BANKS RD
CITY-ST-ZIP MARGATE, FL 33063

TITLE S
NAME WILLIAMS, BEVERLY A
STREET ADDRESS 5121 WEDGEFIELD RD
CITY-ST-ZIP GRANBURY, TX 76049

TITLE T
NAME WILLIAMS, DONALD E
STREET ADDRESS 5121 WEDGEFIELD RD
CITY-ST-ZIP GRANBURY, TX 76049

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Gina Wilson*, GINA WILSON

4/21/2008 954.974.

Date

Daytime Phone #