

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # M68872

1. Entity Name
OLYMPUS PRINTING, INC.



Principal Place of Business
6476 5 AVE S
SAINT PETERSBURG, FL 33707

Mailing Address
6476 5 AVE S
SAINT PETERSBURG, FL 33707



01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2892804

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SOSKA, J.J.
6476 5 AVE S
SAINT PETERSBURG, FL 33707

**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 Joe Soska 1/8/5
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 P
NAME OWEN, FRANK MICHAEL
STREET ADDRESS 6476 5 AVE S
CITY-ST-ZIP SAINT PETERSBURG, FL 33707

TITLE VPS
NAME SOSKA, JOSEPH JEROME
STREET ADDRESS 6476 5 AVE S
CITY-ST-ZIP SAINT PETERSBURG, FL 33707

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02/04/05-80035-005 150.00

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: Joe Soska, VP 2/1/5 727-302-0919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #