

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90196 033 ***150.00

DOCUMENT # P01000019242

1. Entity Name
OLYMPIA CLOSING SERVICES, INC.



Principal Place of Business
2240 PALM BEACH LAKES BLVD
SUITE 100
WEST PALM BEACH, FL 33409

Mailing Address
2240 PALM BEACH LAKES BLVD
SUITE 100
WEST PALM BEACH, FL 33409



2. Principal Place of Business - No P.O. Box #

9112 Alternate A1A

Suite, Apt. #, etc.
Suite 214

City & State
North Palm Beach, FL

Zip
33403

Country

3. Mailing Address

9112 Alternate A1A

Suite, Apt. #, etc.
Suite 214

City & State
North Palm Beach, FL

Zip
33403

Country

04192007 Chg-P CR2E034 (12/06)

4. FEI Number
65-1078412

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MINNS, MYLES
2240 PALM BEACH LAKES BLVD.
SUITE 400
WEST PALM BEACH, FL 33409

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-instating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
DP
MINNS, MYLES
2240 PALM BEACH LAKES BLVD. #400
WEST PALM BEACH, FL 33409 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
EARLE, JODI
2240 PALM BCH LAKES BLVD 400
WEST PALM BEACH, FL 33409 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MINNS, KATHY
2240 PALM BCH LAKES BLVD 400
WEST PALM BEACH, FL 33409+ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
INMAN, SONDR
2240 PALM BCH LAKES BLVD 400
WEST PALM BEACH, FL 33409 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Myles Minns 4-24-07

Date

Director's Phone #