## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachme

SIGNATURE:

SCOTT KACC
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 26, 2007 8:00 am Secretary of State DOCUMENT # P02000014231 04-26-2007 90238 037 \*\*\*158.75 1. Entity Name OLYMPIAN HOME SERVICES, INC. Mailing Address Principal Place of Business 691 PROGRESS WAY 691 PROGRESS WAY SANFORD, FL 32771 SANFORD, FL 32771 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01252007 Cha-P City & State 4. FEI Number Applied For City & State 59-2218849 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FISHER RUSHMER, WERRENRATH, PICKSON, TALLEY & PUNLAP KEIDAISH, PHILIP JR Street Address (P.O. Box Number is Not Acceptable) 320 W. SABAL PALM PLACE, STE 300 LONGWOOD, FL. 32779 20 North Grange Ave. Ste 1500 Zip Code 3280/ 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. ad W Suto **1・29-07** SIGNATURE. Signature, typed or printed name of rechteked agent and the prophical of 177 HOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CEO ☐ Delete TITLE noilibhA 🔲 TITLE NAME KACIC, SCOTT NAME 1261 St. Albans Loop 1261 ST. ALBANS LOOP STREET ADDRESS STREET ADDRESS LAKE MARY, FL 32746 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete Change Addition TITLE MAAAF NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

323-2070