

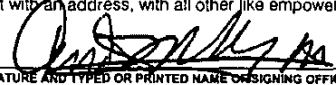


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90274 013 ***150.00

DOCUMENT # P02000089998 1. Entity Name OLYMPUS LEASING COMPANY																													
Principal Place of Business 4744 SPINNAKER DR BRADENTON, FL 34208			Mailing Address 4744 SPINNAKER DR BRADENTON, FL 34208																										
2. Principal Place of Business 2100 19th St.		3. Mailing Address 2100 19th St.																											
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																											
City & State Sarasota FL		City & State Sarasota FL																											
Zip 34234		Zip 34234																											
Country USA		Country USA																											
6. Name and Address of Current Registered Agent UCCELLO, ANTONIO F 4744 SPINNAKER DR BRADENTON, FL 34208			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2100 19th Street City Sarasota FL Zip Code 34234																										
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:  DATE: 1/10/06 <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
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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:  DATE: 1/10/06 DAYTIME PHONE: 941-330-0336 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													

40002647



01092006 Chg-P CR2E034 (11/05)

4. FEI Number
14-1843441

Applied For
Not Applicable

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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