2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 15, 2005 08:00 AM Secretary of State

DOCUMENT # P02000090003 1. Entity Name OLYMPUS CAPITAL HOLDINGS INCORPORATED					Secretary of	State	
Principal Place 4744 SPINNA BRADENTON	AKER DR	Mailing Address _4744 SPINNAKER DR BRADENTON, FL 34208			NIN BRIGR WIRE WAS RINGS WAS RINGS WED WAS UND	NT) f1 (ND)	
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				01042005 No Chg-P CR2E034 (10/03) 4. FEI Number			
4744 SPIN	, ANTONIOF NAKER DR ON, FL 34208	ant Registered Agent		DO NOT WRITE IN THIS SPACE			
8. The above named entity schmits 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 lag and the state of Florida. I am familiar with, and accept the obligations of registered lag and the state of Florida. I am familiar with, and accept the obligations of registered lag and the state of Florida. I am familiar with, and accept the obligations of registered lag and the state of Florida. I am familiar with, and accept the obligations of registered lag and the state of Florida. I am familiar with, and accept the obligations of registered lag and the state of Florida. I am familiar with, and accept the obligations of registered lag and the state of Florida. I am familiar with, and accept the obligations of registered lag and the state of Florida. I am familiar with, and accept the obligations of registered lag and the state of Florida. I am familiar with, and accept the obligations of registered lag and the state of Florida. I am familiar with a state of Florida. I am fa						nd accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees							
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A P UCCELLO, AÑOTNIO F III 4744 SPINNAKER DR. BRADENTON, FL 34208	ND DIRECTORS				;	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		and the second s			U00000308484 04/ <u>15</u> /05-80097-004 1 5	0.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		<u> </u>			IOT WRITE		
NAME STREET ADDRESS CITY-ST-ZIP		<u></u>			HIS SPACE		
title Name Street Address City-St-Zip			<u></u>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby of indicated of the correctanged.	40.00	with this filling does not qualify for the e ort is true and accurate and that my sig mpowered to execute this report as re as with all other like empowered.	exemption stated in Se gnature shall have the quired by Chapter 601	ection 119.07(3)(i), F same legal effect as 7, Florida Statutes; a	lorida Statutes. I further certify that the infulf made under oath; that I am an officer ond that my name appears in Block 10 or I	ormation or director Block 11 if	