

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000041026

1. Entity Name
THE OLIVE LEAF COMPANY



Principal Place of Business
514 DODECANESE BLVD W
TARPON SPRINGS, FL 34689

Mailing Address
PO BOX 2601
TARPON SPRINGS, FL 34688

DO NOT WRITE IN THIS SPACE



02162005 No Chg-P CR2E034 (10/03)

4. FEI Number
05-0563948

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SKAROULIS, NICHOLAS P
514 DODECANESE BLVD W
TARPON SPRINGS, FL 34689

**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 _____
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	SKAROULIS, NICHOLAS P
STREET ADDRESS	514 DODECANESE BLVD W
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/05 727 943-9498
Date Daytime Phone #