2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007
Secretary of State

DOCUMENT# P06000017819

Entity Name: OLYMPIA TURF FARM INC

Current Principal Place of Business:

6374 188TH TRAIL NORTH
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 211496
WEST PALM BEACH, FL 33421 14

New Mailing Address:

FEI Number: 20-4261595 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRAVES, WAYMAN
6374 188TH TRAIL NORTH
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: RILEY, JOY
Address: 13898 COLUMBINE AVE
City-St-Zip: WELLINGTON, FL 33414

Title: VP/D ( ) Delete
Name: GRAVES, WAYMAN
Address: 6374 188TH TRAIL NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: S/D ( ) Delete
Name: GRAVES, BONNIE
Address: 6374 188TH TRAIL NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: T/D ( ) Delete
Name: RILEY, CARL
Address: 13898 COLUMBINE AVE
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL RILEY T 01/08/2007

Electronic Signature of Signing Officer or Director Date