

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2007 8:00 am
Secretary of State

05-09-2007 90110 016 ***150.00

DOCUMENT # P06000078567 1. Entity Name THE OLIVE LEAF COMPANY II, INC.																													
Principal Place of Business C/O ANASTASIA SKAROULIS 884 CRESTRIDGE CIR TARPON SPRINGS, FL 34688			Mailing Address C/O ANASTASIA SKAROULIS 884 CRESTRIDGE CIR TARPON SPRINGS, FL 34688																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip		City & State Zip		4. FFI Number <div style="font-size: 1.2em; font-weight: bold;">20-5010293</div>																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable																											
6. Name and Address of Current Registered Agent SKAROULIS, ANASTASIA 884 CRESTRIDGE CIR TARPON SPRINGS, FL 34688																													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																													
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SKAROULIS, ANASTASIA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>884 CRESTRIDGE CIR</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>TARPON SPRINGS, FL 34688</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	SKAROULIS, ANASTASIA		STREET ADDRESS	884 CRESTRIDGE CIR		CITY- ST- ZIP	TARPON SPRINGS, FL 34688		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">President</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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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: <u>Anastasia Skaroulis</u> <i>Anastasia Skaroulis Pres 4/24/07 (727) 943-9498</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													