2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008
Secretary of State

DOCUMENT# P06000083568

Entity Name: OLYMPIA CLAIM SERVICE, INC.

Current Principal Place of Business:

4014 GREYSTONE DR.
CLERMONT, FL 34711 US

New Principal Place of Business:

Current Mailing Address:

4014 GREYSTONE DR.
CLERMONT, FL 34711 US

New Mailing Address:

11184 ANTIOCH #147
OVERLAND PARK, KS 66210 US

FEI Number: 57-1238950 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KEATON, STEVE
4014 GREYSTONE DR.
CLERMONT, FL 34711 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: KEATON, STEVE
Address: 4014 GREYSTONE DR.
City-St-Zip: CLERMONT, FL 34711 US

Title: VP/D ( ) Delete
Name: LOW, KENDAL
Address: 39505 LONESTAR RD.
City-St-Zip: FONTANA, KS 66026 US

Title: T/D ( ) Delete
Name: KEATON, SR., RICHARD
Address: 4014 GREYSTONE DR.
City-St-Zip: CLERMONT, FL 34711 US

Title: S/D ( ) Delete
Name: BUCKLEY, DAVID
Address: 4014 GREYSTONE DR.
City-St-Zip: CLERMONT, FL 34711 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: KEATON,JR, RICHARD
Address: 4014 GREYSTONE
City-St-Zip: CLERMONT, FL 34711 US

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

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

Title: D ( ) Change (X) Addition
Name: FAIR, JIMMIE
Address: 4014 GREYSTONE
City-St-Zip: CLERMONT, FL 34711 US

I hereby certify that the information supplied with this filing does not qualify 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: KENDAL LOW D 02/18/2008

Electronic Signature of Signing Officer or Director Date