2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2008 8:00 am Secretary of State

| DOCUMENT # P07000081811 1. Entity Name OLYMP INC. | | | | | | | | 05-05-2 | 2008 9024 | 4 032 ***150 | | |
|---|--|---------------------------------------|--------------------------|---------------------|---|---|--|------------|--|----------------|------------|--|
| Principal Place of Business Mailing Address 604 SPENCER AVENUE CLEARWATER, FL 33756 CLEARWATER, FL 33756 | | | | | | | | 1 | - | | | |
| Principal Place of Business - No P.O. Box # Mailing Address | | | | | | | | | | | | |
| Suite, Apt. | #, etc. | · | Suite, Apt. #, etc. | | | | 01182008 | Chg-P | CF | R2E034 (12/06) | | |
| City & State | | | City & State | | | | 4. FEI Number Applied For 26-056-3274 Not Applied For Not Applicab | | | | | |
| Zip | Country | | Zip Coun | | intry | 5. Certificate of Status Desired See Required \$8.75 Addition | | | | | | |
| Name and Address of Current Registered Agent | | | | | | 7. Name and Address of New Registered Agent Name | | | | | | |
| MACHU, M 604 SPEN CLEARWA | CER AVE | NUE | Street Addres | | | dress (I | s (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | | | | | | | 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. | Signature, typed | l or printed name of registered agent | and title if applicable. | (NOTE: Registe | ered Agent signatur | e required | when reinstating) | | | DATE | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | | | | | | | | | | | |
| 10. | | OFFICERS AND | | 11 | 1. | | ADDITIONS | /CHANGES 1 | O OFFICERS | AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS | P Da Delete IIIIL MACHU, MILOSLAV NAM 604 SPENCER AVENUE CLEADWATER EL 22756 | | | | | 172 | HU MILO | ier s | 7 337 <i>5</i> 6 | (24) Change | ☐ Addition | |
| CITY-ST-ZIP | | | | | ITY-ST-ZIP | ctt | ARWATE | K FC | 22136 | Change | Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP | NAI STF | | | | AME Treet address Ty-st-zip | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete TITL NAM STRE | | | | | | | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | | Delete 71 | ITLE AME Treet adoress ITY-ST-ZIP | | , de la | | ······································ | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | NJ ST | ITLE AME TREET ADDRESS ITY-ST-ZIP | | | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRÉSS CITY-ST-ZIP | | | | N Si | ITLE IAME TREET ADDRESS ITY-S1-ZIP | | | | | ☐ Change | Addition | |
| 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 of 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 adddress, with all other like empowered. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Designed Prove 9 | | | | | | | | | | | | |
| SIGNAT | TURE: _ | SIGNATURE AND TYPED OR | PRINTED NAME OF SIGN | ING OFFICER OR DIRI | ECTOR P | LES | | 2/15/0 | 8 72 | 7-409 - 6 | 438 | |