

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P40240**

1. Entity Name  
OLNAP, INC.



Principal Place of Business  
4425 CORPORATION LANE, SUITE 400  
VIRGINIA BEACH, VA 23462

Mailing Address  
4425 CORPORATION LANE, SUITE 400  
VIRGINIA BEACH, VA 23462



01092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
54-1064978

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

DEMETREE, J. C., JR.  
3740 BEACH BOULEVARD, SUITE 400  
JACKSONVILLE, FL 32207

**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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000385423  
01/18/06-80016-003\_150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OLIVIERI, RICHARD E. 4425 CORPORATION LANE VIRGINIA BEACH, VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NAPOLITANO, FREDERICK J. 4425 CORPORATION LANE VIRGINIA BEACH, VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TONER, WILLIAM L. 4425 CORPORATION LANE VIRGINIA BEACH, VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard E. Olivieri

1-9-06

Date

757-490-3141

Daytime Phone #