


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT# P97000041883	
1. Entity Name OLMOFCENTRALFLORIDA,INC.	

Principal Place of Business C/O QUEST COMPANY 921 DOUGLAS AVENUE, SUITE 200 ALTAMONTE SPRINGS, FL 34714	Mailing Address C/O QUEST COMPANY 921 DOUGLAS AVENUE, SUITE 200 ALTAMONTE SPRINGS, FL 34714
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04192005 00 0000 00000000 000000

4. FEI Number 59-3461096	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 00000000 000 000000

6. Name and Address of Current Registered Agent LAFRENIERE,STEPHENJ 921DOUGLASAVE STE700 ALTAMONTESPRINGS,FL32714	DO NOT WRITE IN THIS SPACE
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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 0000 00 0000 00 0000	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAFRENIERE,STEPHENJ 921DOUGLASAVESTE700 ALTAMONTESPRINGS,FL32714
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **STEPHEN J. LAFRENIERE** 4/19/05 (407) 786-4001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #