

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90011 029 ***150.00

DOCUMENT # P97000054196

1. Entity Name

OLMEC, INC.



Principal Place of Business

2516 NW 43RD STREET
GAINESVILLE FL 32060-612
US

Mailing Address

2516 N W 43RD STREET
GAINESVILLE FL 32606-612
US

2. Principal Place of Business - No P.O. Box #
5502 N.W. 43rd Street

3. Mailing Address
5502 N.W. 43rd Street

Suite, Apt. #, etc.

Suite 2

Suite, Apt. #, etc.

Suite 2

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32653

Country

Alachua

Zip

32653

Country

Alachua

4. FEI Number

59-3468996

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

EVANS, GEOFFREY S
2516 N W 43RD STREET
GAINESVILLE FL 32606-6612

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5502 N.W. 43rd Street Suite 2

City Gainesville

FL

Zip Code
32653

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, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete
NAME EVANS, GARY S
STREET ADDRESS 2516 N.W. 43RD STREET
CITY- ST- ZIP GAINESVILLE FL 32606

TITLE P ☐ Delete
NAME EVANS, GEOFFREY S
STREET ADDRESS 2516 N.W. 43RD STREET
CITY- ST- ZIP GAINESVILLE FL 32606

TITLE VP ☐ Delete
NAME EVANS, GARY G
STREET ADDRESS 2516 N.W. 43RD STREET
CITY- ST- ZIP GAINESVILLE FL 32606

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Geoffrey S. Evans
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Geoffrey S. Evans

2/19/2008

(352) 376-7011

Date

Daytime Phone #