


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000070075</b> 1. Entity Name ANTIETAM PROPERTIES, INC.	
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Principal Place of Business 706 S. DIXIE HIGHWAY SECOND FLOOR CORAL GABLES, FL 33146	Mailing Address 706 S. DIXIE HIGHWAY SECOND FLOOR CORAL GABLES, FL 33146
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01082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0858192	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  OLSEN, THOMAS W III 706 S. DIXIE HIGHWAY SECOND FLOOR CORAL GABLES, FL 33146
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**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 Thomas W Olsen III Thomas W Olsen III 1/8/07  
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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLSEN, THOMAS W III 706 S. DIXIE HIGHWAY SECOND FLOOR CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SALSBURG, LLOYD 706 S. DIXIE HIGHWAY SECOND FLOOR CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/16/07-80047-021 150.00

**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: Thomas W Olsen III Thomas W Olsen III 1/8/2007 305-666-2121  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #