

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90167 047 ***150.00

DOCUMENT # S60231

1. Entity Name
OLYMPIA DEVELOPMENT GROUP, INC.



Principal Place of Business
100 MAIN STREET
SUITE 206
SAFETY HARBOR, FL 34695

Mailing Address
100 MAIN STREET
SUITE 206
SAFETY HARBOR, FL 34695

60032628



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

04292008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0296249

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TOULOU MIS, GEORGE E
100 MAIN STREET
SUITE 206
SAFETY HARBOR, FL 34695

7. Name and Address of New Registered Agent

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

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	DPST TOULOU MIS, WILLIAM E 100 MAIN STREET - SUITE 206 SAFETY HARBOR, FL 34695	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAST TOULOU MIS, GEORGE E 100 MAIN STREET - SUITE 206 SAFETY HARBOR, FL 34695	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3AT ENTREKEN, EDWARD T 100 MAIN STREET - SUITE 206 SAFETY HARBOR, FL 34695	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2AS SLOMKA, HOWARD P 100 MAIN STREET - SUITE 206 SAFETY HARBOR, FL 34695	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TOULOU MIS, STATHY 100 MAIN STREET - SUITE 206 SAFETY HARBOR, FL 34695	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2AT KOMAR, DENNIS J 100 MAIN STREET - SUITE 206 SAFETY HARBOR, FL 34695	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: William E. Touloumis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08 727-736-8622
Date Daytime Phone #



ATTACHMENT

60032628

#560231

100 Main Street Suite 206 Safety Harbor, FL 34695 Phone: (727) 736-8622 Fax: (727) 734-4042

Please add the following name:

TITLE

EXEV

NAME

TOULOU MIS, JOHN E.

ADDRESS

100 MAIN-ST., SUITE 206

CITY, STATE, ZIP

SAFETY HARBOR, FL 34695