2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

								,		-11 E D				
DOCUMENT # P01000085657 1Entity Name									SECRETARY OF STATE DIVISION OF CORPORATIONS					
OLSON & ASSOCIATES OF NW FLORIDA, INC.								(06 JUN -(B AM 9:	58	•		
Principal Plac	e of Busines:	5	Mailing	Mailing Address										
4300 LEGEN SUITE C-204 DESTIN FL	4	SUITE	4300 LEGENDARY I DRIVE SUITE C-204 DESTIN FL 32541											
2. Principal P			3. Mailing Address				A STATE OF THE STA							
Suite, Apt.			Suite, Apt. #, etc.					t MOORE	CR2E03	34 (10/05)		- TF-		
City & State				City & State				4. FEI Numb	59-375	5013		1	plicable	
Zip		Country	Zip				5. Certificate of Status Desired				Fee Hequired			
	d Agent		Name		7. Name an	d Address of N	lew Registere	d Agent						
OLSON, RICHARD 1234 AIRPORT ROAD, SUITE 215 4300 Legen dant Street Address (P.O. Box Number is Not Acceptable) DESTIN FL 32541														
City											■ Zip (Code		
										F	<u> </u>			
	named entit	y submits this sta	terment for the ourpr	the of changing he	register	of office or	register	red agent, or bo	oth, in the State	of Florida. I a	m familiar w	rith, and	accept	
J				Lea						4080	1.			
SIGNATURE	Signature, typed	or printed name of regi	stered agent and title dappi	icable (No	Registere	d Agent signatu	are required	I when reinstaling)		DATE	<u>u</u>			
44.07 F	ILE NOW!	!! FEE IS \$15	0.00	//				;	O Floring					
After	May 1, 200	6 Fee Will Be	\$550.00							Campaign Fina d Contribution.		\$5.00 i Added to	,	
April 1 to the last of the last	k Payable t		rtment of State											
10. TITLE	Р	OFFIC	ERS AND DIRECTOR		11.	•	1	ADDITIONS	CHANGES TO	OFFICERS A	ND DIRECT Chan		11 Addition	
NAME	OLSON, R	CHARD	☐ Defete	NAM	-						ge L	1 voortion		
STREET ADDRESS CITY-ST-ZIP		ORT ROAD, SU	IITE 215	STREET ADDRESS CITY-ST-ZIP			4300	s leger	idans I	or., stc.	204			
TITLE	VP			☐ Delete							☐ Chan	ge 🗆	Addition	
NAME STREET ADDRESS	PHILLIPS,							80	10076	3027	'28			
CITY-ST-ZIP	BAKER FL					ET ADDRESS -ST-ZIP		8000763027 06/19/0601005001			**2150	**215G.00		
TITLE				☐ Delete	TITL						☐ Chan	ge 🗀	Addition	
NAME STREET ADDRESS					NAM STRI	e Et adoress								
CITY-ST-ZIP						-ST-ZIP								
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STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -St-Zip							_	
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NAME CYPRET ADDRESS					NAM	ET ADDRESS								
STREET ADDRESS CITY-ST-ZIP						-ST-ZIP								
TITLE				☐ Delete	TITL	E.					Char	ge [Addition	
NAME					NAM		1							
STREET ADDRESS CITY-ST-ZIP						et address '-st-zip								
12. I hereby indicated	d on this repo	ort or supplement	pplied with this filing al report is true and	accurate and that	for the e	xemptions	nave the	same legal effe	ect as if made i	under oath: tha	t I am an of	ficer or d	director	
of the corporation or the receiver or trustee espowered to specification of the corporation or the receiver or trustee espowered to specification of the corporation or the receiver or trustee espowered to specification of the corporation or the receiver or trustee espowered to the corporation of the receiver or trustee espowered to the corporation of the receiver or trustee espowered to the corporation of the receiver or trustee espowered to the corporation of the receiver or trustee espowered to the corporation of the receiver or trustee espowered to the corporation of the receiver or trustee espowered to the corporation of the receiver or trustee espowered to the corporation of the receiver or trustee espowered to the corporation of the receiver of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of														
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 478 00 Daytima Phorie 4											1			
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