

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 11, 2008 8:00 am**  
**Secretary of State**

08-11-2008 90121 001 \*\*\*150.00

40113150



07172008 Chg-P CR2E034 (12/06)

4. FEI Number **20-8291175** Applied For Not Applicable

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

**DOCUMENT # P07000011497**

1. Entity Name  
**GREG OLSEN PA**

Principal Place of Business  
**163 S HALIFAX DRIVE  
 ORMOND BEACH, FL 32176**

Mailing Address  
**1515 RIDGEWOOD AVE  
 A  
 HOLLY HILL, FL 32117**

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

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

City & State  
 Zip Country

6. Name and Address of Current Registered Agent  
**LOGUIDICE, JOE  
 1515 RIDGEWOOD AVE  
 A  
 HOLLY HILL, FL 32117**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P OLSEN, GREG 163 S HALIFAX DR ORMOND BEACH, FL 32176</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP OLSEN, TARA 163 S HALIFAX DRIVE ORMOND BEACH, FL 32176</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: TARA OLSEN **8-8-08** (386)2333734  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #