

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90252 020 \*\*\*150.00

**DOCUMENT # L90127**

1. Entity Name  
**ARKANSAS BUS EXCHANGE CORPORATION**



Principal Place of Business  
**1150 JETPORT DR  
ORLANDO, FL 32809 US**

Mailing Address  
**1150 JETPORT DR  
ORLANDO, FL 32809 US**

**24058131**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**59-3018790**

Applied For  
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

**OLESEN, STEVEN  
1150 JETPORT DR  
ORLANDO, FL 32809**

7. Name and Address of New Registered Agent

Name **Preben Olesen**

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

**1150 Jetport Drive**

City **ORLANDO**

FL Zip Code **32809**

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]*

**Preben Olesen**

**4.26.04**

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **OLESEN, STEVEN**  
STREET ADDRESS **13201 OLESEN COURT**  
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE **ST** ☐ Delete  
NAME **OLESEN, DARLA**  
STREET ADDRESS **12634 VALENCIA DR**  
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 **President** ☒ Change ☐ Addition  
NAME **Olesen, Steven**  
STREET ADDRESS **1150 Jetport Drive**  
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **Secretary** ☒ Change ☐ Addition  
NAME **Olesen, Darla**  
STREET ADDRESS **1150 Jetport Drive**  
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **Chairman** ☐ Change ☒ Addition  
NAME **Olesen, Preben**  
STREET ADDRESS **1150 Jetport Drive**  
CITY-ST-ZIP **ORLANDO FL 32809**

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 exemption stated in Section 119.07(3)(i), 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

*[Signature]*

**Preben Olesen**

**4.26.04**

**407.877.3991**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #