

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000097152

**Entity Name:** KRIS OLSON, INC.

**Current Principal Place of Business:**

217 BUTLER DR  
SATSUMA, FL 32189

**Current Mailing Address:**

217 BUTLER DR  
SATSUMA, FL 32189

**FEI Number:** 65-1149163

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

OLSON, KRISTEN P  
217 BUTLER DR.  
SATSUMA, FL 32189 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRES  
Name            OLSON, KRISTEN  
Address        217 BUTLER DR.  
City-State-Zip: SATSUMA FL 32189

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** KRISTEN OLSON/PRES.

**PRESIDENT**

**04/26/2016**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date