

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90148 042 ***150.00

DOCUMENT # 356050

1. Entity Name

KOSS, OLINGER AND COMPANY



Principal Place of Business

2700-A N.W. 43RD ST.
GAINESVILLE, FL 32606

Mailing Address

2700-A N.W. 43RD ST.
GAINESVILLE, FL 32606

DO NOT WRITE IN THIS SPACE



02142006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-1278890

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OLINGER, WILLIAM D.
2700-A N.W. 43RD ST.
GAINESVILLE, FL 32606

**DO NOT WRITE
IN THIS SPACE**

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

William D. Olinger, III = WILLIAM D. OLINGER, III, PRES. 4/25/06

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	PRES
NAME	OLINGER, WILLIAM D.	OLINGER, WILLIAM D., III
STREET ADDRESS	2601 NW 16 AVE	3915 SW 95 TERR
CITY-ST-ZIP	GAINESVILLE, FL	GAINESVILLE, FL 32608

TITLE	TREASURER
NAME	KOSS, WILLIAM F.
STREET ADDRESS	1620 N.W. 68TH TERR. 240 LAUREL LANE
CITY-ST-ZIP	GAINESVILLE, FL PONTE VEDRA BCH, FL 32082

TITLE	Vice Pres.
NAME	OLINGER, WILLIAM D., II
STREET ADDRESS	4914 SW 95 TERR
CITY-ST-ZIP	GAINESVILLE, FL 32608

TITLE	SECY
NAME	KLEIN, KIRK E.
STREET ADDRESS	9721 SW 33 LANE
CITY-ST-ZIP	GAINESVILLE, FL 32608

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 D. Olinger, III = WILLIAM D. OLINGER, III, PRES. 4/25/06 352-373-3337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #