


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # 610768 1. Entity Name OLMSTEAD BUILDING & DESIGN, INC. |  |
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|---|---|
| Principal Place of Business 1790 INDIAN CREEK DR W JUPITER, FL 33458 US | Mailing Address 1790 INDIAN CREEK DR W JUPITER, FL 33458 US |
|---|---|

DO NOT WRITE IN THIS SPACE



07062004 No Chg-P CR2E034 (10/03)

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|---|--|
| 4. FEI Number 59-1882567 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**OLMSTEAD, LOWELL E., JR.
108 N RIVER DR W
JUPITER, FL 33459**

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

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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

U00000165977

07/13/04 00004 001 550.75

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS OLMSTEAD, LOWELL E. JR 108 N RIVER DR W JUPITER, FL |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Lowell E. Olmstead **President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/04 561-718-0845
Date Daytime Phone #