

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 667444

Entity Name: JOHN G. OPSAHL, INC.

FILED  
Apr 29, 2008  
Secretary of State

## Current Principal Place of Business:

36350 WASHINGTON LOOP RD.  
PUNTA GORDA, FL 33982

## New Principal Place of Business:

## Current Mailing Address:

505 CANADA CT  
PUNTA GORDA, FL 33950

## New Mailing Address:

FEI Number: 59-2062374

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OPSAHL, JOHN G.  
505 CANADA COURT  
PUNTA GORDA, FL 33950 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: OPSAHL, JOHN G  
Address: 505 CANADA CT  
City-St-Zip: PUNTA GORDA, FL 33950

Title: VP ( ) Delete  
Name: OPSAHL, BRAD E  
Address: 36350 WASHINGTON LOOP ROAD  
City-St-Zip: PUNTA GORDA, FL 33982 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN G OPSAHL

PRES

04/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date