


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F0000Q036079</b> 1. Entity Name OLSON PROPERTIES, INC.	
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Principal Place of Business 10861 LA SALINAS CIRCLE BOCA RATON, FL 33428 12	Mailing Address 10861 LA SALINAS CIRCLE BOCA RATON, FL 33428 12
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**DO NOT WRITE IN THIS SPACE**



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0992757	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  OLSON, PAUL D 10861 LA SALINAS CIRCLE BOCA RATON, FL 33428
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**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 _____ <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST OLSON, PAUL D 10861 LAS SALINAS CIRCLE BOCA RATON, FL 33428
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U00000002692  
01/13/04-80024-023 150.00

**DO NOT WRITE  
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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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1/4/04 561-482-4400 <small>Date Daytime Phone #</small>
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