

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001656

FILED
Jun 23, 2009
Secretary of State

Entity Name: OLSEN AGRICULTURAL COMPANY, INC.

Current Principal Place of Business:

8930 SUVER RD
MONMOUTH, OR 97361

New Principal Place of Business:

Current Mailing Address:

8930 SUVER RD
MONMOUTH, OR 97361

New Mailing Address:

FEI Number: 93-0966696

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR. STE 4
WESTON, FL 33331 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: OLSEN, CAROLYN
Address: 32420 SEVEN MILE LANE
City-St-Zip: TANGENT, OR 97389

Title: VCP () Delete
Name: OLSEN, JAMES E
Address: 3372 CONCOMLY DR. S
City-St-Zip: SALEM, OR 97306

Title: D () Delete
Name: OLSEN, ROGER P
Address: 8930 SUVER RD
City-St-Zip: MONMOUTH, OR 97361

Title: D () Delete
Name: OLSEN, ROBIN G
Address: 13605 CORVALLIS RD
City-St-Zip: MONMOUTH, OR 97361

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: ROBIN OLSEN

D

06/23/2009

Electronic Signature of Signing Officer or Director

Date