

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2006 90144 027 \*\*\*150.00

**DOCUMENT # G59291**

1. Entity Name  
KOSS-OLINGER CONSULTING, INC.



Principal Place of Business  
% WILLIAM D. OLINGER, II  
2700-A N.W. 43RD ST.  
GAINESVILLE, FL 32606

Mailing Address  
% WILLIAM D. OLINGER, II  
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  
59-2428398

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., II  
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 title 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	PD	PRES.
NAME	KOSS, WILLIAM F.	OLINGER, WILLIAM D., III
STREET ADDRESS	1620 NW 68TH TERRACE	3915 SW 95TH TERR
CITY-ST-ZIP	GAINESVILLE, FL	GAINESVILLE, FL 32608
TITLE	STD V.P.	
NAME	OLINGER, WILLIAM D., II	
STREET ADDRESS	4914 SW 95TH TERR	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE	TREAS	
NAME	KOSS, WILLIAM F.	
STREET ADDRESS	240 LAUREL LANE	
CITY-ST-ZIP	PONTA VEDRE BCH, FL 32082	
TITLE	SEC	
NAME	KLEIN, KIRK E.	
STREET ADDRESS	9721 SW 33rd 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 #