
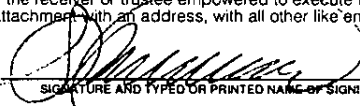


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90001 020 \*\*\*150.00

<b>DOCUMENT # H42167</b>					
1. Entity Name OLESON CONSULTING SERVICES, INC.					
Principal Place of Business P. O. BOX 103 ODESSA, FL 33554			Mailing Address P. O. BOX 103 ODESSA, FL 33554		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2493222	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OLESON, S. MELODIE 1741 BEACHWAY LANE ODESSA, FL 33556			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD - ERIC M. OLESON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMOS, MARGUERITE O		NAME	1845 Tinker Drive	
STREET ADDRESS	1735 BEACHWAY LANE		STREET ADDRESS	Lutz, FL 33559	
CITY-ST-ZIP	ODESSA, FL 33556		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD - JASON C. JONES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLESON, JAMES L		NAME	3827 S. E. Highway 31	
STREET ADDRESS	4355 SPRING LAKE ROAD		STREET ADDRESS	Arcadia, FL 34266	
CITY-ST-ZIP	BROOKSVILLE, FL 34601		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	SD - SHELBY O. DELAPAZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLESON, S. MELODIE		NAME	17835 State Road 54	
STREET ADDRESS	1741 BEACHWAY LANE		STREET ADDRESS	Lutz, FL 33558	
CITY-ST-ZIP	ODESSA, FL 33556		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	TD - S. MELODIE OLESON	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLESON, KATHERINE B		NAME	1741 Beachway Lane	
STREET ADDRESS	4355 SPRING LAKE ROAD		STREET ADDRESS	Odessa, FL 33556	
CITY-ST-ZIP	BROOKSVILLE, FL 34601		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		S. Melodie Oleson		02-20-07 813-997-5519	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	