

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H42167

FILED  
Mar 31, 2009  
Secretary of State

Entity Name: OLESON CONSULTING SERVICES, INC.

## Current Principal Place of Business:

P. O. BOX 103  
ODESSA, FL 33554

## New Principal Place of Business:

1741 BEACHWAY LANE  
ODESSA, FL 33556

## Current Mailing Address:

P. O. BOX 103  
ODESSA, FL 33554

## New Mailing Address:

FEI Number: 59-2493222      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OLESON, S. MELODIE  
1741 BEACHWAY LANE  
ODESSA, FL 33556      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: PD ( ) Delete  
Name: OLESON, ERIC  
Address: 13905 FRIENDSHIP LANE  
City-St-Zip: ODESSA, FL 33556

Title: VD ( ) Delete  
Name: JONES, JASON C  
Address: 3827 SE HWY 31  
City-St-Zip: ARCADIA, FL 34266

Title: SD ( ) Delete  
Name: OLESON, STUART M  
Address: 1741 BRENCHWAY LANE  
City-St-Zip: ODESSA, FL 33556

Title: TD (X) Delete  
Name: OLESON, S MCLODE  
Address: 1741 BRENCHWAY LANE  
City-St-Zip: ODESSA, FL 33556

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: JONES, JASON C  
Address: 3827 SE HIGHWAY 31  
City-St-Zip: ARCADIA, FL 34266

Title: SD (X) Change ( ) Addition  
Name: OLESON, STUART M  
Address: 13902 FRIENDSHIP LANE  
City-St-Zip: ODESSA, FL 33556

Title: TD (X) Change ( ) Addition  
Name: OLESON, S. MELODIE  
Address: 1741 BEACHWAY LANE  
City-St-Zip: ODESSA, FL 33556

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: S. MELODIE OLESON

TD

03/31/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date