2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J36945

FILED Jul 10, 2004 Secretary of State

Entity Name: OLSON GROVE CARETAKING, INC.

Current Principal Place of Business:			New Principal Place of Business:	
O. BOX	O OF FREDRIG 909 FL 33838	CK AVENUE		
urrent M	lailing Addres	ss:	New Mailing Addres	ss:
O. BOX	O OF FREDRIG 909 FL 33838	CK AVENUE		
I Number	: 59-2728413	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
JNNO. F	PATRICIA A			
SPENCE	ER SHORES HTY, FL 33844	us		
SPENCE AINES C ne above	ER SHORES :ITY, FL 33844		ourpose of changing its registere	ed office or registered agent, or both,
SPENCE AINES C ie above the State	ER SHORES EITY, FL 33844 named entity of Florida. RE:	submits this statement for the		
SPENCE AINES C ne above the State GNATUI	ER SHORES EITY, FL 33844 In named entity of Florida. RE: Electror			ed office or registered agent, or both, Date
SPENCE AINES Cone above the State GNATUR	ER SHORES EITY, FL 33844 In named entity of Florida. RE: Electror	submits this statement for the pair is statement for the pair is statement for the pair is submitted. Ag	ent	
SPENCE AINES Cone above the State GNATUR	ER SHORES EITY, FL 33844 Enamed entity e of Florida. RE: Electror mpaign Financin S AND DIREC	submits this statement for the pair in the pair is signature of Registered Agg Trust Fund Contribution (). TORS: Delete E., LANE	ent	Date
SPENCE AINES Contents above the State GNATUI ection Car FFICER: e: me: dress:	ER SHORES EITY, FL 33844 E named entity e of Florida. RE: Electron mpaign Financin S AND DIRECT PD (OLSON, JOHN 10 VAGABOND WINTER HAVE	submits this statement for the pair of the pair of Signature of Registered Agg Trust Fund Contribution (). TORS: Delete E., LANE N, FL 33881 Delete Y O A WAY	ent ADDITIONS/CHANG Title: Name: Address:	Date BES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN E OLSON PRES 07/10/2004