

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# J36945

FILED
Dec 06, 2005
Secretary of State

Entity Name: OLSON GROVE CARETAKING, INC.

Current Principal Place of Business:

EAST END OF FREDRICK AVENUE
P.O. BOX 909
DUNDEE, FL 33838

New Principal Place of Business:

405 FREDRICK AVENUE EAST END
DUNDEE, FL 33838 US

Current Mailing Address:

EAST END OF FREDRICK AVENUE
P.O. BOX 909
DUNDEE, FL 33838

New Mailing Address:

P.O. BOX 909
DUNDEE, FL 33838 US

FEI Number: 59-2728413

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TUNNO, PATRICIA A
7 SPENCER SHORES
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

TUNNO, PATRICIA A
7 SPENCER SHORES
HAINES CITY, FL 33844 US

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: PATRICIA A. TUNNO

12/06/2005

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: PD () Delete
Name: OLSON, JOHN E.,
Address: 10 VAGABOND LANE
City-St-Zip: WINTER HAVEN, FL 33881

Title: ST () Delete
Name: JORDAN, MERY O
Address: 102 LAKE VILLA WAY
City-St-Zip: HAINES CITY, FL

Title: VP () Delete
Name: OLSON, WILLIAM L
Address: 2284 CRUMP ROAD
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: OLSON, JOHN E
Address: 10 VAGABOND LANE
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: ST (X) Change () Addition
Name: JORDAN, MERY O
Address: PO BOX 909
City-St-Zip: DUNDEE, FL 33838 US

Title: VP (X) Change () Addition
Name: OLSON, WILLIAM L
Address: 229 FRENCHMENS CREEK WAY
City-St-Zip: WINTER HAVEN, FL 33884 US

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

PD

12/06/2005

Electronic Signature of Signing Officer or Director

Date