

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J36945

FILED
Jan 09, 2009
Secretary of State

Entity Name: OLSON GROVE CARETAKING, INC.

Current Principal Place of Business:

405 FREDRICK AVENUE EAST END
DUNDEE, FL 33838 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 909
DUNDEE, FL 33838 US

New Mailing Address:

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
300 SPENCER SHORES
HAINES CITY, FL 33844 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: OLSON, JOHN E
Address: 10 VAGABOND LANE
City-St-Zip: WINTER HAVEN, FL 33881 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN E OLSON

PD

01/09/2009

Electronic Signature of Signing Officer or Director

Date