

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K47332

FILED
Feb 08, 2005
Secretary of State

Entity Name: THE OLSON GROUP, INC.

Current Principal Place of Business:

4115 4TH AVE SE
NAPLES, FL 34116 US

New Principal Place of Business:

4115 4TH AVE SE
NAPLES, FL 34117 US

Current Mailing Address:

PO BOX 990154
NAPLES, FL 34116 US

New Mailing Address:

FEI Number: 59-2919005 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATSINIS, JACQUELINE A
4115 4TH AVE SE
NAPLES, FL 34117 US

Name and Address of New Registered Agent:

KATSINIS, JACQUELINE A
3535 45TH AVE NE
NAPLES, FL 34120 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: _____

Electronic Signature of Registered Agent

02/08/2005

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OLSON, FREDERICK O
Address: 4115 4TH AVE SE
City-St-Zip: NAPLES, FL 34117

Title: T () Delete
Name: OLSON, JENNIFER M
Address: 4115 4TH AVE SE
City-St-Zip: NAPLES, FL 34117

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 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: FREDERICK O OLSON

P

02/08/2005

Electronic Signature of Signing Officer or Director

Date