



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90329 028 \*\*\*\*50.00

<b>DOCUMENT # L06000049463</b> 1. Entity Name <b>OLSON &amp; OLSON WOODWORKING, LLC</b>																																							
Principal Place of Business <b>19429 PLAZA AVE.</b> <b>PANAMA CITY BCH., FL 32413 US</b>			Mailing Address <b>19429 PLAZA AVE.</b> <b>PANAMA CITY BCH., FL 32413 US</b>																																				
2. Principal Place of Business - No P.O. Box # <b>98 Chelsey Lane</b>		3. Mailing Address <b>98 Chelsey Lane</b>																																					
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04122007 Chg-LLC CR2E083 (12/06)																																			
City & State <b>Seagrove Beach FL</b>		City & State <b>Seagrove Beach FL</b>		4. FEI Number <b>20-4878177</b>																																			
Zip <b>32459</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable																																			
Zip <b>32459</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>																																			
6. Name and Address of Current Registered Agent  <b>OLSON, CARL R</b> <b>19429 PLAZA AVE.</b> <b>PANAMA CITY BCH., FL 32413</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>																																				
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>CARL R. OLSON</u> <u>Carl Olson</u> DATE <u>4.30.07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																							
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>			<b>Make check payable to</b> <b>Florida Department of State</b>																																				
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>MGR- OLSON, CARL R</b>  <b>19429 PLAZA AVE.</b>  <b>PANAMA CITY BCH., FL 32413</b> </td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR- OLSON, CARL R</b> <b>19429 PLAZA AVE.</b> <b>PANAMA CITY BCH., FL 32413</b>		<input type="checkbox"/> Delete															10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition														
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR- OLSON, CARL R</b> <b>19429 PLAZA AVE.</b> <b>PANAMA CITY BCH., FL 32413</b>																																						
	<input type="checkbox"/> Delete																																						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																						
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.																																							
SIGNATURE <u>Carl Olson</u> <u>CARL R. OLSON</u> <u>4.30.07</u> <u>4204949</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																																							