

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000025023

Entity Name: OLSON CONSULTING, INC.

FILED
Apr 15, 2004
Secretary of State

Current Principal Place of Business:

10901 BURNT MILL ROAD
#404
JACKSONVILLE, FL 32256

New Principal Place of Business:

11060 CASTLEMAIN CIRCLE E
JACKSONVILLE, FL 32256

Current Mailing Address:

10901 BURNT MILL ROAD
#404
JACKSONVILLE, FL 32256

New Mailing Address:

11060 CASTLEMAIN CIRCLE E
JACKSONVILLE, FL 32256

FEI Number: 59-3633859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLSON, MERWIN C
10901 BURNT MILL ROAD
#404
JACKSONVILLE, FL 32256

Name and Address of New Registered Agent:

OLSON, MERWIN C
11060 CASTLEMAIN CIRCLE E
JACKSONVILLE, FL 32256

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:

04/15/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: OLSON, MERWIN C
Address: 10901 BURNT MILL ROAD #404
City-St-Zip: JACKSONVILLE, FL 32256

Title: VSD () Delete
Name: OLSON, NANCY
Address: 10901 BURNT MILL ROAD #404
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: OLSON, MERWIN C
Address: 11060 CASTLEMAIN CIRCLE E
City-St-Zip: JACKSONVILLE, FL 32256

Title: VSD (X) Change () Addition
Name: OLSON, NANCY
Address: 11060 CASTLEMAIN CIRCLE E
City-St-Zip: JACKSONVILLE, FL 32256

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: MERWIN C OLSON

PRES

04/15/2004

Electronic Signature of Signing Officer or Director

Date