

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
"Aug 18, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000064964

1. Entity Name
1ST PLACE TEAM SALES, INC.



Principal Place of Business
620 S.W. 13TH STREET
OCALA, FL 34474

Mailing Address
620 S.W. 13TH STREET
OCALA, FL 34474



07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3659503

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OLSON, DANIELLE
620 S.W. 13TH STREET
OCALA, FL 34474

**DO NOT WRITE
IN THIS SPACE**

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

Danielle Olson
Signature typed or printed name of registered agent and (title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

7/1/04

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

U00000170354
08/18/04-80003-001 558.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
OLSON, DANIELLE
620 S.W. 13TH STREET
OCALA, FL 34474

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
OLSON, TROY A
620 S.W. 13TH STREET
OCALA, FL 34474

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Danielle Olson
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

352-867-8326