


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90002 020 \*\*\*150.00

**DOCUMENT # P0000084779**

1. Entity Name  
**STRANG & OLSEN, CPAS, P.A.**



Principal Place of Business      Mailing Address  
**103 WEST MARION AVE**      **103 WEST MARION AVE**  
**PUNTA GORDA, FL 33950**      **PUNTA GORDA, FL 33950**

**94045481**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

04022004      Chg-P      CR2E034 (10/03)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**65-1042803**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**STRANG, ROBERT A**  
**103 WEST MARION AVE**  
**PUNTA GORDA, FL 33950**

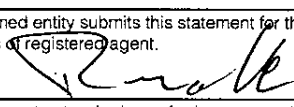
**7. Name and Address of New Registered Agent**

Name      **RONALD L OLSEN**

Street Address (P.O. Box Number is Not Acceptable)  
**103 WEST MARION AVENUE**

City      **PUNTA GORDA**      FL      Zip Code      **33950**

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:  **RONALD L. OLSEN, PRESIDENT**      **4/2/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	STRANG, ROBERT A	
STREET ADDRESS	103 WEST MARION AVE	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	S	<input type="checkbox"/> Delete
NAME	OLSEN, RONALD L	
STREET ADDRESS	103 WEST MARION AVE	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHELE R. OLSEN	
STREET ADDRESS	103 West Marion Ave	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	103 West Marion Ave	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 fee empowered.

SIGNATURE:  **4/2/04**      **941-639-0888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #