2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUN -8 AM 9:58

DOCUMENT # P01000085657

1. Entity Name

OLSON & ASSOCIATES OF NW FLORIDA, INC.

1st MOORE CR2E034 (10/05)

Principal Place of Business	Mailing Address
4300 LEGENDARY I DRIVE SUITE C-204 DESTIN FL 32541	4300 LEGENDARY I DRIVE SUITE C-204 DESTIN FL 32541

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3755013 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OLSON, RICHARD
~~1234 AIRPORT ROAD, SUITE 215~~ 4300 Legendary Dr. Ste.204
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 [signature] 4-28-06

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, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P OLSON, RICHARD 1234 AIRPORT ROAD, SUITE 215 DESTIN FL 32541	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 4300 Legendary Dr., Ste. 204	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PHILLIPS, RUPERT E P.O. BOX 219 BAKER FL 32531	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800076302728 06/19/06--01005--001 **2150.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: [signature] 4-28-06 850-650-2858

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