## 2006 FOR PROFIT CORPORATION

## Apr 20, 2006 8:00 am Secretary of State ANNUAL REPORT 04-20-2006 90208 009 \*\*\*150.00 **DOCUMENT # P01000112559** 1. Entity Name TEAM OLSEN ENTERPRISE INC. 40022246 Principal Place of Business Mailing Address 2304 162ND ST E 2304 162ND ST E BRADENTON, FL 34211-9341 BRADENTON, FL 34211-9341 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc Chg-P CR2E034 (11/05) 03172006 City & State 4. FEI Number Applied For City & State 65-1157910 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OLSEN, KEITH R Street Address (P.O. Box Number is Not Acceptable) 2304 162ND ST E BRADENTON, FL 34211-9341 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PRE\$ TITLE ☐ Change Addition TITLE ☐ Delete OLSEN, KEITH R NAME 2304 162ND ST E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 342119341 CITY-ST-ZIP VΡ TITLE □ Delete ☐ Change ☐ Addition TITLE OLSEN, CYNTHIA Y NAME NAME STREET ADDRESS 2304 162ND ST E STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 342119341 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-ZIP [ ] Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: 2

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Daytime Phone #

☐ Chance

■ Addition

**FILED**