


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000002229	
1. Entity Name OLSON & ASSOCIATES CONSULTING, INC.	

Principal Place of Business 465 INDIGO LOOP DR DESTIN, FL 32541	Mailing Address 465 INDIGO LOOP DR DESTIN, FL 32541
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DO NOT WRITE IN THIS SPACE



01222004 No Chg-P CR2E034 (10/03)

4. FEI Number 80-0034034	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

OLSON, LEONARD
 465 INDIGO LOOP
 DESTIN, FL 32550

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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 _____ (NOTE: Registered Agent signature required when retaking) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLSON, LEONARD 465 INDIGO LOOP DR DESTIN, FL 32541
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 04/19/04-80108-021 150.00

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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 like empowered.

SIGNATURE: *Leonard W. Olson* - LEONARD W. OLSON 4/16/04 850 650 1676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone