

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P02000086174</b>	
1. Entity Name <b>OLSON DEVELOPMENT COMPANY, INC.</b>	
Principal Place of Business <b>4300 LEGENDARY DRIVE SUITE 204 DESTIN, FL 32541</b>	Mailing Address <b>4300 LEGENDARY DRIVE SUITE 204 DESTIN, FL 32541</b>



01262007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>16-1631485</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

**OLSON, RICHARD  
4300 LEGENDARY DRIVE  
SUITE 204  
DESTIN, FL 32541**

**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: \_\_\_\_\_

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000706876  
04/24/07-80050-022 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLSON, RICHARD 4300 LEGENDARY DRIVE SUITE 204 DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLSON, ELAINE 4300 LEGENDARY DRIVE SUITE 204 DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, RUPERT E 1713 GIANT SYCAMORE LN BAKER, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, SANDRA K 1713 GIANT SYCAMORE LN BAKER, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 those empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-07 850-650-2858