2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000106012

1. Entity Name
OLSSEN INCORPORATED

Principal Place of Business	Mailing Address
1121 COUNTRY CLOSE DRIVE LUTZ, FL 33548 US	1121 COUNTRY CLOSE DRIVE LUTZ, FL 33548 US

DO NOT WRITE IN THIS SPACE

04122004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
56-2294316	Not Applicable

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

6. Name and Address of Current Registered Agent

OLSON, RALPH E
534 WEST BELVEDERE
LAKELAND, FL 33803

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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 _Ralph E. Olson   Ralph E. Olson_

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

DATE _4/12/04_

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
NAME	COLE, CHERYL L
STREET ADDRESS	1121 COUNTRY CLOSE DRIVE
CITY-ST-ZIP	LUTZ, FL 33548
TITLE	VP
NAME	COLE, HOWARD A
STREET ADDRESS	1121 COUNTRY CLOSE DRIVE
CITY-ST-ZIP	LUTZ, FL 33548
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/19/04-80123-003 150.00

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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: _Howard A. Cole_   _4/12/04_   _813-363-9894_

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