

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P02000110963

1. Entity Name  
OLAF JORDAN ENTERPRISES, INC.



Principal Place of Business

5510 S.W. 41ST BLVD.  
SUITE 204  
GAINESVILLE, FL 32608

Mailing Address

5510 S.W. 41ST BLVD.  
SUITE 204  
GAINESVILLE, FL 32608

**FILED**  
**Mar 15, 2005 08:00 AM**  
**Secretary of State**



01052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

81-0574805

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JORDAN, OLAF R  
5510 S.W. 41ST BLVD.  
SUITE 204  
GAINESVILLE, FL 32608

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JORDAN, OLAF R
STREET ADDRESS	8120 SW 47TH RD
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	SD
NAME	JORDAN, SUSAN H
STREET ADDRESS	8120 SW 47TH RD
CITY-ST-ZIP	GAINESVILLE, FL 32608
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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03/16/05-80002-013 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:

*[Signature]*

OLAF R. JORDAN

3/14/05 (352) 378-6383

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #