

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000115936

1. Entity Name

JB OLSON ENTERPRISES INC



Principal Place of Business

3800 29TH AVE NORTH
ST PETERSBURG, FL 33713

Mailing Address

411 CLEVELAND ST #218
CLEARWATER, FL 33755



04242008

No Chg-P

CR2E034 (11/05)

4. FEI Number

46-0505387

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ANDERSON, BILL
3800 29TH AVE NORTH
ST. PETERSBURG, FL 33713

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000931464
05/22/08-80016-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	OLSON, JAMES M
STREET ADDRESS	411 CLEVELAND ST #218
CITY-ST-ZIP	CLEARWATER, FL 33755
TITLE	VP
NAME	OLSON, BARBARA
STREET ADDRESS	411 CLEVELAND ST #218
CITY-ST-ZIP	CLEARWATER, FL 33755
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Olson
JAMES OLSON President
21 April 08
INC.

Date

Daytime Phone #