

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000134757

FILED  
Apr 17, 2006  
Secretary of State

Entity Name: SUNSHINE PAINTING BY OLSON, INC.

## Current Principal Place of Business:

423 LAZY WAY  
FORT MYERS BEACH, FL 33931

## New Principal Place of Business:

6964 ESSEX DR.  
FORT MYERS, FL 33919 US

## Current Mailing Address:

423 LAZY WAY  
FORT MYERS BEACH, FL 33931

## New Mailing Address:

6964 ESSEX DR.  
FORT MYERS, FL 33919 US

FEI Number: 56-2423725

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OLSON, WILLIAM J  
423 LAZY WAY  
FORT MYERS BEACH, FL 33931 US

## Name and Address of New Registered Agent:

OLSON, WILLIAM J  
6964 ESSEX DR.  
FORT MYERS, FL 33919 US

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.

SIGNATURE: WILLIAM J OLSON

04/17/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: OLSON, WILLIAM J  
Address: 423 LAZY WAY  
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: D ( ) Delete  
Name: OLSON, WILLIAM J  
Address: 423 LAZY WAY  
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: D ( ) Delete  
Name: OLSON, CHARLOTTE B  
Address: 423 LAZY WAY  
City-St-Zip: FORT MYERS BEACH, FL 33931

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition  
Name: OLSON, WILLIAM J  
Address: 6964 ESSEX DR.  
City-St-Zip: FORT MYERS, FL 33919

Title: D (X) Change ( ) Addition  
Name: OLSON, WILLIAM J  
Address: 6964 ESSEX DR.  
City-St-Zip: FORT MYERS, FL 33919

Title: D (X) Change ( ) Addition  
Name: OLSON, CHARLOTTE B  
Address: 6964 ESSEX DR.  
City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLOTTE B OLSON

D

04/17/2006

Electronic Signature of Signing Officer or Director

Date