

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000040054

FILED  
Sep 04, 2007  
Secretary of State

**Entity Name:** THE LAW FIRM OF CRAIG OLSEN AND ASSOCIATES, P.A.

**Current Principal Place of Business:**

26614 MAGNOLIA BLVD  
LUTZ, FL 33559

**New Principal Place of Business:**

8875 HIDDEN RIVER PARKWAY, LAKE VIEW BLDG  
300  
TAMPA, FL 33637

**Current Mailing Address:**

26614 MAGNOLIA BLVD  
LUTZ, FL 33559

**New Mailing Address:**

8875 HIDDEN RIVER PARKWAY, LAKEVIEW BLDG  
TAMPA, FL 33637

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OLSEN, CRAIG  
26614 MAGNOLIA BLVD  
LUTZ, FL 33559    US

**Name and Address of New Registered Agent:**

OLSEN, CRAIG  
8875 HIDDEN RIVER PARKWAY, LAKE VIEW BLDG.  
TAMPA, FL 33637    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: \_\_\_\_\_

Electronic Signature of Registered Agent

09/04/2007

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:            P            ( ) Delete  
Name:            OLSEN, CRAIG  
Address:        26614 MAGNOLIA BLVD  
City-St-Zip:    LUTZ, FL 33559

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            P            (X) Change ( ) Addition  
Name:            OLSEN, CRAIG  
Address:        HIDDEN RIVER PARKWAY, LAKE VIEW BLDG.  
City-St-Zip:    TAMPA, FL 33637

I hereby certify that the information supplied with this filing does not qualify 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: CRAIG OLSEN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

09/04/2007

\_\_\_\_\_  
Date