2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007
Secretary of State

DOCUMENT# P05000125863

Entity Name: THE LORI OLSON COMPANY

Current Principal Place of Business:

3480 DEPEW CIRCLE
1-B
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

2486 CARING WAY
APT 16C
PORT CHARLOTTE, FL 33952 US

Current Mailing Address:

3480 DEPEW CIRCLE
1-B
PORT CHARLOTTE, FL 33952

New Mailing Address:

PO BOX 1536
PUNTA GORDA, FL 33951 US

FEI Number: 20-3481136 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AIA REGISTERED AGENT INC
92 SADBERRY ROAD
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

A1A REGISTERED AGENT INC
92 SADBERRY ROAD
QUINCY, FL 32351 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: PAUL SMITH, VP 01/09/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: OLSON, LORI L
Address: 2486 CARING WAY #16-C
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: T ( ) Delete
Name: GNEMI, DIANE L
Address: 22345 ALCORN AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D (X) Delete
Name: RICE, MAUREEN
Address: 5140 ALMAR DRIVE
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: LORI OLSON P 01/09/2007
Electronic Signature of Signing Officer or Director Date