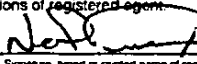
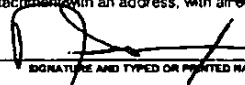


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2007 8:00 am
Secretary of State

04-09-2007 90084 026 ***150.00

DOCUMENT # P06000096256			
1. Entity Name OLSON PAINTING OF CHARLOTTE COUNTY, INC			
Principal Place of Business 214 MARKER ROAD ROTUNDA WEST, FL 33947 US		Mailing Address 214 MARKER ROAD ROTUNDA WEST, FL 33947 US	
2. Principal Place of Business - No P.O. Box # OLSON PAINTING INC.		3. Mailing Address 214 MARKER RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ROTUNDA W. FL 33947		City & State	
Zip 33947	Country Charlotte	Zip 33947	Country SAME
4. FEI Number 205232530		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRUAX, NEIL 214 MARKER ROAD ROTUNDA WEST, FL 33947		7. Name and Address of New Registered Agent Name NEIL TRUAX Street Address (P.O. Box Number is Not Acceptable) 214 MARKER RD City ROTUNDA W FL FL Zip Code 33947	
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 		DATE 4-5-07	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$650.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT TRUAX, NEIL 214 MARKER ROAD ROTUNDA WEST, FL 33947 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS PADJEN, NICK 214 MARKER ROAD ROTUNDA WEST, FL 33947 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 another like empowered.			
SIGNATURE: 		Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	