2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2007 8:00 am
Secretary of State
04-09-2007 90084 026 ***150.00

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1. Entity Name
OLSON PAINTING OF CHARLOTTE COUNTY, INC

Principal Place of Business	Mailing Address
214 MARKER ROAD ROTUNDA WEST, FL 33947 US	214 MARKER ROAD ROTUNDA WEST, FL 33947 US

04042007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
OLSON PAINTING INC.		214 MARKER RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: ROTONDO 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: ROTONDA 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 [signature] 4-5-07
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, 2007 Fee will be $550.00

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	PT	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TRUAX, NEIL		NAME	
STREET ADDRESS	214 MARKER ROAD		STREET ADDRESS	
CITY-ST-ZIP	ROTUNDA WEST, FL 33947		CITY-ST-ZIP	
TITLE	VPS	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PADJEN, NICK		NAME	
STREET ADDRESS	214 MARKER ROAD		STREET ADDRESS	
CITY-ST-ZIP	ROTUNDA WEST, FL 33947		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #