

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000096256

Entity Name: OLSON PAINTING OF CHARLOTTE COUNTY, INC

FILED  
May 01, 2008  
Secretary of State

**Current Principal Place of Business:**

OLSON PAINTING INC.  
214 MARKER ROAD  
ROTUNDA WEST, FL 33947 US

**New Principal Place of Business:**

**Current Mailing Address:**

214 MARKER ROAD  
ROTUNDA WEST, FL 33947 US

**New Mailing Address:**

FEI Number: 20-5232530      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

TRUAX, NEIL  
214 MARKER ROAD  
ROTUNDA WEST, FL 33947 US

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

ALL FLORIDA FIRM INC  
813 DELTONA BLVD  
STE A  
DELTONA, FL 32725 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: SHANNON DUNN FOR ALL FLORIDA FIRM INC

05/01/2008

Electronic Signature of Registered Agent

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: PT ( ) Delete  
Name: TRUAX, NEIL  
Address: 214 MARKER ROAD  
City-St-Zip: ROTUNDA WEST, FL 33947

Title: VPS ( ) Delete  
Name: PADJEN, NICK  
Address: 214 MARKER ROAD  
City-St-Zip: ROTUNDA WEST, FL 33947

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

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 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: SHANNON DUNN FOR NEIL TRUAX

RA

05/01/2008

Electronic Signature of Signing Officer or Director

Date