

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90006 027 ***150.00

DOCUMENT # P07000034980			
1. Entity Name NANCY OLSON INTERIORS, INC.			
Principal Place of Business 7411 LAKE FOREST GLEN BRADENTON, FL 34202 8225 NATURES WAY LAKEWOOD PATCH, FL 34202		Mailing Address 7411 LAKE FOREST GLEN BRADENTON, FL 34202 8225 NATURES WAY LAKEWOOD PATCH, FL 34202	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 34202	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent OLSON, GEORGE 7411 LAKE FOREST GLEN BRADENTON, FL 34202		7. Name and Address of New Registered Agent Name NANCY OLSON Street Address (P.O. Box Number is Not Acceptable) 8225 NATURES WAY SUITE 107 City LAKEWOOD PATCH FL Zip Code 34202	
4. FEI Number 20-8108822			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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 3/13/08	
SIGNATURE, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSD OLSON, GEORGE 7411 LAKE FOREST GLEN BRADENTON, FL 34202 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD OLSON, NANCY 7411 LAKE FOREST GLEN 8225 NATURES WAY BRADENTON, FL 34202 LAKEWOOD PATCH, FL 34202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		DATE: 3/13/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone # 941-901-9506	

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