

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P07411

1. Entity Name
THE ROBERT D. OLSON, CORPORATION



Principal Place of Business
**2955 MAIN STREET
THIRD FLOOR
IRVINE, CA 92614 US**

Mailing Address
**2955 MAIN STREET
THIRD FLOOR
IRVINE, CA 92614 US**



06012004 No Chg-P CR2E034 (10/03)

4. FEI Number
33-0054711

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MENENDEZ, IRENE
3115 S.W. 27TH STREET
MIAMI, FL 33133**

**DO NOT WRITE
IN THIS SPACE**

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, 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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CEO
OLSON, ROBERT D
4955 VIA DEL CERRO
YORBA LINDA, CA 92886**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
REYLING, DENNIS P
1 CROSSCREEK
IRVINE, CA**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VTD
BUCK, JACKIE L
19772 HIGH RIDGE HWY.
TRABUCO CANYON, CA**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
CERVANTES, JOSEPH G
411 S. WINDMILL LANE
ANAHEIM, CA**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1100000162033
06/04/04-80001-002 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Jackie L. Buck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #