

FILED**Jun 30, 2006 08:00 AM**
Secretary of State**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000045034		
1. Entity Name OLESEN BROTHERS, INC.		
Principal Place of Business 1590 TAMARACK WAY WEST PALM BEACH, FL 33414		Mailing Address P.O. BOX 6503 WEST PALM BEACH, FL 33405 US
DO NOT WRITE IN THIS SPACE		
		
4. FEI Number 65-0499441		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
OLESEN, ROBERT B 1590 TAMARACK WAY WEST PALM BEACH, FL 33414		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 re-registering)		000000567804 06/30/06 080005-005-150.00
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		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	D	
NAME	OLESEN, ROBERT B	
STREET ADDRESS	1590 TAMARACK WAY	
CITY-ST-ZIP	WEST PALM BEACH, FL 33414	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
DO NOT WRITE IN THIS SPACE		
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 in an attachment with an address, with all other like empowered.		
SIGNATURE 		25 APR 05 (561) 585-1928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone