

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 30, 2007 08:00 AM
Secretary of State

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



04252007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0499441	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 OLESEN, ROBERT B 1590 TAMARACK WAY WEST PALM BEACH, FL 33414
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**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
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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OLESEN, ROBERT B 1590 TAMARACK WAY WEST PALM BEACH, FL 33414
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**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 on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4-25-07**DateDaytime Phone #

561-585-1928
793-4419