

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000059323

Entity Name: NANCY OLSON, INC.

**FILED**  
**Jan 15, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2886 RICKENBACKER TRAIL  
PORT ORANGE, FL 32128

**New Principal Place of Business:**

13 CUNNINGHAM DRIVE  
NEW SMYRNA BEACH, FL 32168

**Current Mailing Address:**

2886 RICKENBACKER TRAIL  
PORT ORANGE, FL 32128

**New Mailing Address:**

13 CUNNINGHAM DRIVE  
NEW SMYRNA BEACH, FL 32168

FEI Number: 59-3263380

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

OLSON, NANCY  
2886 RICKENBACKER TRAIL  
PORT ORANGE, FL 32128 US

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

OLSON, NANCY  
13 CUNNINGHAM DRIVE  
NEW SMYRNA BEACH, FL 32168 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: NANCY OLSON

01/15/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: OLSON, NANCY  
Address: 13 CUNNINGHAM DRIVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

I hereby 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 all other like empowered.

SIGNATURE: NANCY OLSON

PRES

01/15/2012

Electronic Signature of Signing Officer or Director

Date