


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # P96000037637 1. Entity Name E.C. OLSON & ASSOCIATES, INC. |  |
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|---|---|
| Principal Place of Business 205 OLIVE AVE. PORT ST. LUCIE, FL 34952 | Mailing Address 205 OLIVE AVE. PORT ST. LUCIE, FL 34952 |
|---|---|



04072008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0686582 | Applied For Not Applied |
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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| 6. Name and Address of Current Registered Agent OLSON, E.C. 205 OLIVE AVE PORT SAINT LUCIE, FL 34952 |
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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  DATE _____
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 ☐ **\$5.00** May Be Added to Fees

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04/21/08-80057-006 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D OLSON, EDWARD CHARLES II 205 OLIVE AVE. PORT ST. LUCIE, FL 34952 |
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE 