


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 24, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000031205</b> 1. Entity Name OLDAN/WISER, INC.	
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Principal Place of Business P.O. BOX 128 MOUNT DORA, FL 32756	Mailing Address C/O WILLIAM DRIER P.O. BOX 128 MOUNT DORA, FL 32756
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**DO NOT WRITE IN THIS SPACE**



07122007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3446027	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  DRIER, WILLIAM E 404 LAKE DORA RD MOUNT DORA, FL 32757	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

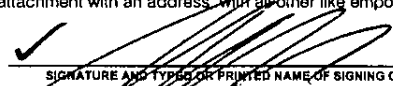
07/24/07-90012-009 150.00

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DRIER, WILLIAM E PO BOX 128 MT DORA, FL 32756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DRIER, MARY E PO BOX 128 MT DORA, FL 32756
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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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **WILLIAM E. DRIER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jul 17, 2007 305 720**  
Date Daytime Phone # **4733**