

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000096018

FILED
Apr 23, 2004
Secretary of State

Entity Name: BARBARA OLSEN, P.A.

Current Principal Place of Business:

498 KINS STREET
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

498 KIWI STREET
TARPON SPRINGS, FL 34689 US

Current Mailing Address:

498 KINS STREET
NEW PORT RICHEY, FL 34653

New Mailing Address:

498 KIWI STREET
TARPON SPRINGS, FL 34689 US

FEI Number: 59-3481368

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLSEN, BARBARA
498 KINI STREET
NEW PORT RICHEY, FL 34653 US

Name and Address of New Registered Agent:

OLSEN, BARBARA
498 KIWI STREET
TARPON SPRINGS, FL 34689 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:

04/23/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OLSEN, BARBARA
Address: 7234 SHARPSBURG BOULEVARD
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: STD () Delete
Name: KERCH, CARMEN
Address: 7234 SHARPSBURG BOULEVARD
City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: OLSEN, BARBARA
Address: 498 KIWI STREET
City-St-Zip: TARPON SPRINGS, FL 34689

Title: STD (X) Change () Addition
Name: KERCH, CARMEN
Address: 498 KIWI STREET
City-St-Zip: TARPON SPRINGS, FL 34689

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BARBARA OLSEN

P

04/23/2004

Electronic Signature of Signing Officer or Director

Date