

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P98000013001

Entity Name: REX R. OLESON, INC.

**FILED**  
**Jun 23, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

31850 SW 195TH AVE  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

3014 FIELDSTONE DR.  
LINDEN, NC 28356

**Current Mailing Address:**

31850 SW 195TH AVE  
HOMESTEAD, FL 33030

**New Mailing Address:**

3014 FIELDSTONE DR.  
LINDEN, NC 28356

FEI Number: 65-0808234

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LOSNER, STEVEN D  
65 NW 16TH ST  
HOMESTEAD, FL 33030 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: OLESON, REX R  
Address: 3014 FIELDSTONE DR.  
City-St-Zip: LINDEN, NC 28356

Title: VP  
Name: OLESON, ANITA G  
Address: 3014 FIELDSTONE DR.  
City-St-Zip: LINDEN, NC 28356

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: ANITA G. OLESON

VP

06/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date