

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000080664

1. Entity Name
OLMSTEAD ENTERPRISES, INC.



Principal Place of Business
183 JOG ROAD
WEST PALM BEACH, FL 33415

Mailing Address
183 JOG ROAD
WEST PALM BEACH, FL 33415

FILED

04 OCT 18 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

07012004 No Chg P CR22004 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0864863

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OLMSTEAD, KENNETH
183 JOG ROAD
WEST PALM BEACH, FL 33415

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
OLMSTEAD, KENNETH
183 JOG ROAD
WEST PALM BEACH, FL 33415

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

000041938760
10/18/04--01068--002 **150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth Olmstead

Date

Daytime Phone #

9/1/04

561-471-5858