

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90132 026 ***158.75

40048251



03022006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0864863 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name Olmstead, Kenneth (Same as current)
Street Address (P.O. Box Number is Not Acceptable) 13919 County Rd. 448
City Tavares FL Zip Code 32778

DOCUMENT # P98000080664

1. Entity Name
OLMSTEAD ENTERPRISES, INC.



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

Change address below

2. Principal Place of Business 3. Mailing Address
13919 County Rd. 448 13919 County Rd. 448
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Tavares, Florida Tavares, Florida
Zip Country Zip Country
32778 Lake 32778 Lake

6. Name and Address of Current Registered Agent

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

** please
Note new
address
only.*

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
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	NAME	OLMSTEAD, KENNETH	<input type="checkbox"/> Delete
STREET ADDRESS			183 JOG ROAD	
CITY-ST-ZIP			WEST PALM BEACH, FL 33415	
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			13919 County Rd. 448	
CITY-ST-ZIP			Tavares, Florida 32778	
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				

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:

Kenneth Olmstead 4/14/06 352-742-7003