

# ANNUAL REPORT (AR)

DOCUMENT # P99000054891

1. Entity Name

OLSON APPLIANCE, INC.



**FILED**  
Mar 08, 2006 08:00 AM  
Secretary of State

Principal Place of Business  
235 GRANT AVE.  
SATELLITE BEACH FL 32937

Mailing Address  
235 GRANT AVE.  
SATELLITE BEACH FL 32937



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number  
59-3577178

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLSON, DONNA K  
235 GRANT AVE.  
SATELLITE BEACH FL 32937

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 revesting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
PC  
OLSON, KENNARD O  
235 GRANT AVENUE  
SATELLITE BEACH FL 32937 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
U00000460016  
03/18/06-80056 008 150.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TSD  
OLSON, DONNA K  
235 GRANT AVENUE  
SATELLITE BEACH FL 32937 ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Donna K Olson

3/5/06 (321) 779-9829