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.

OWNER

SIGNATURE: CLAYTON OLESEN

Electronic Signature of Signing Officer/Director Detail

# 2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000144318

Entity Name: TEXTURES BY BLUE SKY, INC

#### **Current Principal Place of Business:**

5300 OLD WINTER GARDEN RD ORLANDO, FL 32811

#### **Current Mailing Address:**

7550 HINSON STREET APT6A ORLANDO, FL 32819 US

### FEI Number: 20-3544332

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

OLESEN, CLAYTON LPRES 7550 HINSON ST 6A ORLANDO, FL 32819 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:

Electronic Signature of Registered Agent

## Officer/Director Detail :

Title	DP	Title	V.P.
Name	OLESEN, CLAYTON L.	Name	GILGALLON, JACQUIE A
Address	7550 HINSON ST 6A	Address	7550 HINSON ST 6A
City-State-Zip:	ORLANDO FL 32819	City-State-Zip:	ORLANDO FL 32819

# FILED Feb 09, 2025 Secretary of State 3446670792CC

Date

Certificate of Status Desired: No

Date

02/09/2025