

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000090706

Entity Name: SUZANNE OLSON & ASSOCIATES, PA.**Current Principal Place of Business:**7893 SAILBOAT KEY BLVD S # 302
SOUTH PASADENA, FL 33707**Current Mailing Address:**7893 SAILBOAT KEY BLVD S # 302
SOUTH PASADENA, FL 33707 US**FEI Number:** 47-2271836**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KEATON, KAREN S
2816 BEACH BOULEVARD SOUTH
ST. PETERSBURG, FL 33707 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_____
Date**Officer/Director Detail :**

Title	P
Name	OLSON, SUZANNE
Address	7893 SAILBOAT KEY BLVD S # 302
City-State-Zip:	SOUTH PASADENA FL 33707

Title	VP
Name	OLSON, SUZANNE
Address	7893 SAILBOAT KEY BLVD S # 302
City-State-Zip:	SOUTH PASADENA FL 33707

Title	S
Name	OLSON, SUZANNE
Address	7893 SAILBOAT KEY BLVD S # 302
City-State-Zip:	SOUTH PASADENA FL 33707

Title	T
Name	OLSON, SUZANNE
Address	7893 SAILBOAT KEY BLVD S # 302
City-State-Zip:	SOUTH PASADENA FL 33707

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: SUZANNE OLSON**PRESIDENT****04/13/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date