2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2004 08:00 AM
Secretary of State

1. Entity Nam	MENT # G47438 ON SUPPLY, CORP.	4			Sei	li Cla	ny or State
2850 RAVEN	ce of Business NSWOOD RD. DALE, FL 33312	Mailing Address 2850 RAVENSWOOD RD. FT. LAUDERDALE, FL 33312					
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DO NOT WRITE IN THIS S			~ Г	04102004	No Chg-P	CR2E	034 (10/03)
L	O NOI WHILE	IN THIS SPA	ŲE.	4. FEI Numbe 59-231			Applied For Not Applicable
				5. Certificate	of Status Desired		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent							
PEARL, SUSAN W. 2850 RAVENS WOOD RD FT. LAUDERDALE, FL 33312			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 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.			ncing \$5	.00 May Be led to Fees		-	
10.	OFFICERS AND I	DIRECTORS	1	···	Ligago	17204	8 -002 550.00
NAME STREET ADDRESS CITY-ST-ZIP	PEARL, DOUGLAS B. 2850 RAVENSWOOD RD. FT. LAUDERDALE, FL				09/10/64-	80001	-002 550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PEARL, SUSAN 2850 RAVENSWOOD RD. FT. LAUDERDALE, FL						
NAME STREET ADDRESS CITY-ST-ZIP			-		NOT W		
NATIO				117	THIS SF	'AUI	_

12. I hereby certify that the information supplied with this filling 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:

NAME
STREET ADDRESS
GITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CONTACT TO THE STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPES DA PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

8-27-04

Daytime Phone #