


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

| | | |
|---|--|--|
| DOCUMENT # 586430 1. Entity Name BASIC ONLINE SOFTWARE SYSTEMS CORPORATION | |  |
| Principal Place of Business 5010 TAMPA W. BLVD. TAMPA, FL 33634 | Mailing Address 5010 TAMPA W BLVD TAMPA, FL 33634 | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent MACPHERSON, DOUGLAS D. 5010 TAMPA W. BLVD. TAMPA, FL 33634 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MACPHERSON, DOUGLAS D 5010 TAMPA W. BLVD. TAMPA, FL 33634 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT DANNER, MARC L 12657 109TH ST LARGO, FL 00000, | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MACPHERSON, LYNDAL 5010 TAMPA W. BLVD. U 105 TAMPA, FL 33634 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
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| 12. I hereby certify that the information supplied with this filing 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: <i>Lynda L. MacPherson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <i>4/29/05</i> <small>Date</small> <small>Daytime Phone #</small> |



04292005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-1843755 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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05/03/05-80151-019.150.00

**DO NOT WRITE
IN THIS SPACE**

Lynda L. MacPherson, Director