2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004461

Entity Name: ONLINE INFORMATION SERVICES, INC

FILED Mar 15, 2004 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:	
	RETOWER RD ILLE, NC 2859			
Current Mailing Address:			New Mailing Address:	
	RETOWER RD ILLE, NC 2859			
FEI Number	: 56-1667596	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and	l Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
	RA ST. STE. 3 IVILLE, FL 322			
The above in the State	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,
SIGNATUI	RE:			
	Electron	ic Signature of Registered Age	ent	Date
Election Ca	mpaign Financing	Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D () BLAIR, JAMES 800 BREMERTO GREENVILLE, N	ON DR.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	S () BLAIR, MARSH. 800 BREMERTO GREENVILLE, N	ON DR.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	P () BLAIR, JOHN W 3008 WESTVIE GREENVILLE, N	W DR.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () CUNNINGHAM, 4217 WINGATE RALEIGH, NC 2	DR.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () SKAINS, ELIZA 33 AUTUMN WO DURHAM, NC 2	DODS DR.	Title: Name: Address: City-St-Zip:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JOHN W. BLAIR P 03/15/2004