


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J29418</b> 1. Entity Name <b>ON LINE ENTERPRIZES, INC.</b>					
Principal Place of Business <b>ON LINE ENTERPRIZES INC</b> <b>5475 DOUG TAYLOR CIR</b> <b>ST JAMES CITY FL 33956</b> <b>US</b>			Mailing Address <b>SEELEY, SCOTT A C</b> <b>75 N. WISCONSIN ST.</b> <b>HOBART IN 46342</b> <b>US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0068596</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>WAGGONER, PAUL H.</b> <b>5400 PINE ISLAND ROAD, SUITE #D</b> <b>BOKEELIA FL 33922</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	<b>SEELEY, SCOTT A.C.</b>		NAME		
STREET ADDRESS	<b>BOX 597 N/A</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BOKEELIA FL 33922</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME			NAME		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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					
<b>SIGNATURE: <u>Scott A.C. Seeley</u> <u>SCOTT A.C. SEELEY</u> <u>2/14/06</u> <u>219-942-0721</u></b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		



1st MOORE CR2E034 (10/05)

4. FEI Number **65-0068596** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WAGGONER, PAUL H.**  
**5400 PINE ISLAND ROAD, SUITE #D**  
**BOKEELIA FL 33922**

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Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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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**  
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**BOKEELIA FL 33922**

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**SIGNATURE: Scott A.C. Seeley SCOTT A.C. SEELEY 2/14/06 219-942-0721**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #