


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90375 032 \*\*\*150.00

<b>DOCUMENT # J78761</b> 1. Entity Name <b>O.N., INC.</b>			
Principal Place of Business <b>13700 SUTTON PARK DR #535 JACKSONVILLE, FL 32224 US</b>		<del>Mailing Address</del> <del><b>P.O. BOX 7177 JACKSONVILLE, FL 32238 US</b></del>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>P. O. Box 2013</b> Suite, Apt. #, etc.	
City & State		City & State <b>Highlands, N.C.</b>	
Zip	Country	Zip <b>28741</b>	Country
4. FEI Number <b>59-2835540</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BARTON, THOMAS L. 13700 SUTTON PARK DRIVE, N. SUITE 535 JACKSONVILLE, FL 32224</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARTON, JAMES G. 224 KLEIN ROAD HIGHLANDS, NC	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTON, THOMAS L. 13700 SUTTON PARK DRIVE, N. SUITE 535 JACKSONVILLE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOLMES, BEVERLY B. 53 SOUTH NINE DRIVE PONTE VEDRA BCH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWE, HERNDON E. 107 HOLLYHURST FARM RD CLARKESVILLE, GA 30523	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWE, LANE M. 107 HOLLYHURST FARM RD CLARKESVILLE, GA 30523	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWE, MICHAEL RTE 2 BOX 166C RIDGEWAY, SC 29130	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>James G. Barton, Pres./Dir.</b>		Date <b>4/12/05</b>	
Daytime Phone # <b>828-743-2585</b>			