


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90039 050 ***150.00

DOCUMENT # J95294					
1. Entity Name ON-LINE SYSTEMS, INC.					
Principal Place of Business 3027 WINDCHIME CIR, N APOPKA FL 32703 US			Mailing Address P.O. BOX 915713 LONGWOOD FL 32791		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2854690	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAUMGARDNER, DOROTHY L 3027 WINDCHIME CIRCLE, N APOPKA FL 32703				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL 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 _____					
FILE NOW!!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	NAME <input type="checkbox"/> Delete				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY-ST-ZIP				
CITY-ST-ZIP					
TITLE	NAME <input type="checkbox"/> Delete				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY-ST-ZIP				
CITY-ST-ZIP					
TITLE	NAME <input type="checkbox"/> Delete				
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CITY-ST-ZIP					
TITLE	NAME <input type="checkbox"/> Delete				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY-ST-ZIP				
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY-ST-ZIP				
CITY-ST-ZIP					
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY-ST-ZIP				
CITY-ST-ZIP					
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY-ST-ZIP				
CITY-ST-ZIP					
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	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 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: <u>Dorothy L. Baumgardner</u> Dorothy L. Baumgardner 03-14-2005 (407) 869-8844					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					