

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2008 8:00 am**  
**Secretary of State**

03-25-2008 90009 003 \*\*\*150.00

DOCUMENT # L97460

1. Entity Name  
ON LOCATION EDUCATION (FLORIDA), INC.



Principal Place of Business Mailing Address  
CHASTANG, FERRELL, SIMS, & EISERMAN, LLC C/O CHASTANG, FERRELL ETAL.  
1400 W FAIRBANKS AVE 102 1400 W FAIRBANKS AVENUE SUITE 102  
WINTER PARK, FL 32789 WINTER PARK, FL 32789 US

40051100



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
LarsonAllen, LLP C/O LarsonAllen, LLP  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
420 S. Orange Ave. Ste 500 420 S. Orange Ave. Ste 500

01232008 Chg-P CR2E034 (12/06)

City & State City & State  
Orlando, FL Orlando, FL  
4. FEI Number 59-3031411  
Applied For Not Applicable

Zip Country Zip Country  
32801 USA 32801 USA  
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  
CHASTANG, LAWRENCE J Name  
LARSON ALLEN, WELSHAIR & CO, LLP Lawrence J. Chastang  
1400 W FAIRBANKS AVE SUITE 102 Street Address (P.O. Box Number is Not Acceptable)  
WINTER PARK, FL 32789 LarsonAllen, LLP  
420 S. Orange Ave. Ste. 500  
City Orlando FL Zip Code 32801

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 *[Signature]* DATE 2/27/08  
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00  
9. Election Campaign Financing \$5.00 May Be Added to Fees  
Trust Fund Contribution ☐

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DPST	<input type="checkbox"/> Delete		TITLE	DPST	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIMON, ALAN			NAME	Simon, Alan		
STREET ADDRESS	19 E. MAIN ST			STREET ADDRESS	400 Columbus Ave. Suite 75		
CITY - ST - ZIP	MR. KISCO, NY			CITY - ST - ZIP	Valhalla, NY 10595		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				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 exemptions contained in Chapter 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.

SIGNATURE: *[Signature]* President 3/10/2008 914-747-2837  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #