


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90075 036 ***150.00

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|---|--|---|--|---|--|
| DOCUMENT # M87311 1. Entity Name ON SITE CANVAS, INC. | | | |  | |
| Principal Place of Business 3526 SW ARMELLINI AVE PALM CITY, FL 34990 US | | | Mailing Address 789 S FEDERAL HWY SUITE 310 STUART, FL 34994 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Post Office Box 392 Suite, Apt. #, etc. | | | |
| City & State Zip | | City & State STUART FL Zip 34995 | | Country USA | |
| Country | | 4. FEI Number 65-0065734 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent MADDEN, JOHN W PA 789 S FEDERAL HWY SUITE 310 STUART, FL 34994 | | | 7. Name and Address of New Registered Agent Name JOHN W. MADDEN ESQ. Street Address (P.O. Box Number is Not Acceptable) 789 So. Federal Hwy # 310 City STUART FL Zip Code 34994 | | |
| 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 <u><i>John W. Madden</i></u> JOHN W. MADDEN 04-08-04 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete BELL, SUZANNE 502 SW TIMBER TRL STUART, FL 34997 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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><i>Suzanne Bell</i></u> SUZANNE BELL 4-13-04 (772) 287-7943 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

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04072004 Chg-P CR2E034 (10/03)