

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002219

FILED
Mar 29, 2008
Secretary of State

Entity Name: ONC, INC.

Current Principal Place of Business:

303 SE 17TH STREET 309-125
OCALA, FL 34471

New Principal Place of Business:

303 SE 17TH STREET 309
OCALA, FL 34471

Current Mailing Address:

303 SE 17TH STREET 309-125
OCALA, FL 34471

New Mailing Address:

303 SE 17TH STREET 309
OCALA, FL 34471

FEI Number: 01-0891611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LACROIX, VIRGINIA
303 SE 17TH STREET 309-125
OCALA, FL 34471 US

Name and Address of New Registered Agent:

LACROIX, VIRGINIA
303 SE 17TH STREET 309
OCALA, FL 34471 US

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.

SIGNATURE: VIRGINIA LACROIX

03/29/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FERTIG, JEFFREY
Address: 60 PINE TRACK 104C
City-St-Zip: OCALA, FL 34472

Title: D () Delete
Name: GROFFEL, WILLIAM
Address: 624 WATER ROAD
City-St-Zip: OCALA, FL 34472

Title: D () Delete
Name: LACROIX, VIRGINIA
Address: 303 SE 17TH STREET 309-125
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LACROIX, VIRGINIA
Address: 303 SE 17TH STREET 309
City-St-Zip: OCALA, FL 34471

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIRGINIA LACROIX

D

03/29/2008

Electronic Signature of Signing Officer or Director

Date