

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000047541

1. Entity Name
BEELINE.COM, INC.



Principal Place of Business

**ONE INDEPENDENT DRIVE
JACKSONVILLE, FL 32202**

Mailing Address

**ONE INDEPENDENT DRIVE
JACKSONVILLE, FL 32202**

DO NOT WRITE IN THIS SPACE



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3700900

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CEOD PAYNE, TIMOTHY D ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DSVT CROUCH, ROBERT ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPT ROBINSON, GERALD ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPS HOLLAND, GREGORY ONE INDEPENDENT DR. JACKSONVILLE, FL 32202 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | ASD TUTOR, TYRA ONE INDEPENDENT DR. JACKSONVILLE, FL 32202 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P WHITE, RICHARD ONE INDEPENDENT DR. JACKSONVILLE, FL 32202 |

000000327647
04/25/05-80047-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-05
Date

904-360-2704
Daytime Phone #