

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 25, 2004 08:00 AM
Secretary of State**

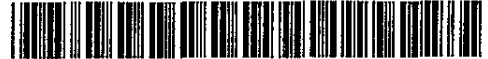
DOCUMENT # P00000085984

1. Entity Name
MY ONLINE NEIGHBORHOOD, INC.



Principal Place of Business
**1235 N. ORANGE AVENUE
SUITE 201
ORLANDO, FL 32804**

Mailing Address
**1235 N. ORANGE AVENUE
SUITE 201
ORLANDO, FL 32804**



02192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3669133

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ - **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**EAGLE, DONALD
1235 N. ORANGE AVE.
SUITE 201
ORLANDO, FL 32804**

**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 re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
**PSD
EAGLE, DONALD
1235 N. ORANGE AVE., SUITE 201
ORLANDO, FL 32804**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPTD
DOWNS, KEVIN
1235 N. ORANGE AVENUE
ORLANDO, FL 32804**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000096036
03/25/04-80013-002 150.00

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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: *Donald Eagle*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-04 *407-893-7000*
Date Daytime Phone #