


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jul 23, 2008 8:00 am  
Secretary of State**

07-07-2008 90003 009 \*\*\*150.00

<b>DOCUMENT # P02000016972</b> 1. Entity Name 695ONLINE.COM CORP	
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<b>Principal Place of Business</b> 4639 S CLYDE MORRIS BLVD #106 PORT ORANGE, FL 32129	<b>Mailing Address</b> 4639 S CLYDE MORRIS BLVD #106 PORT ORANGE, FL 32129
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**DO NOT WRITE IN THIS SPACE**

**66015548**



07022008 No Chg-P CR2E034 (11/05)

4. FEI Number 75-2994726	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CRADDOCK, SYLVIA  
4639 S CLYDE MORRIS BLVD  
#106  
PORT ORANGE, FL 32129

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO CRADDOCK, ROBERT L 4639 S CLYDE MORRIS BLVD., #106 PORT ORANGE, FL 32129
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO CRADDOCK, JOSEPH E 4639 S CLYDE MORRIS BLVD PORT ORANGE, FL 32129
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CRADDOCK, SYLVIA J 4639 S CLYDE MORRIS BLVD PORT ORANGE, FL 32129
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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:**  **CEO** **7-21-2008** **386-506-5000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #