


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2006 8:00 am
Secretary of State

06-05-2006 90147 014 ***150.00

DOCUMENT # P02000113472		
1. Entity Name AON, INC.		

Principal Place of Business 13901 SUTTON PARK DR. S. BLDG. C, SUITE 360 JACKSONVILLE, FL 32224	Mailing Address 13901 SUTTON PARK DR. S. BLDG. C, SUITE 360 JACKSONVILLE, FL 32224
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2. Principal Place of Business 11705 BOYETTE RD STE 429 Suite, Apt. #, etc.	3. Mailing Address 11705 BOYETTE RD Suite, Apt. #, etc.
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City & State RIVERVIEW, FL.	City & State RIVERVIEW, FL.
Zip 33569	Country USA

00000001



06022006 Chg-P CR2E034 (11/05)

4. FEI Number 13-4219314	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FAULOS, TERENCE J 12500 MCMULLEN LOOP SUITE 100 RIVERVIEW, FL 33569

7. Name and Address of New Registered Agent Name FAULDS, TERENCE J. Street Address (P.O. Box Number is Not Acceptable) 11705 BOYETTE RD City RIVERVIEW, FL Zip Code 33569
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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>Terry Faulds</u> TERENCE J. FAULDS REG. AGENT 5/31/06	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	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	DPST FAULDS, TERENCE J 12500 MCMULLEN LOOPS STE 461 RIVERVIEW, FL 33569 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST TERENCE J. FAULDS 11705 BOYETTE RD RIVERVIEW, FL 33569 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Terry Faulds</u> PRESIDENT / TERENCE J. FAULDS	5/31/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

ATTACHMENT

50020637
#P02000113472

Late, due to not getting
a card from you.

But the Principal and
mailing address was all
wrong.

Also the Registered Agent had
also changed his address.
And his last name was
also spelled wrong.