




2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90574 002 ***150.00

DOCUMENT # P03000020281 1. Entity Name B ON THE WEB. INC.					
Principal Place of Business 960 N. SUNCOAST BLVD. CRYSTAL RIVER, FL 34429 2152 Meadowlark Rd Spring Hill FL 34608			Mailing Address 960 N. SUNCOAST BLVD. CRYSTAL RIVER, FL 34429 PO BOX 5633 Spring Hill FL 34608		
2. Principal Place of Business 2152 Meadowlark Rd Suite, Apt. #, etc. Spring Hill City & State FL		3. Mailing Address PO BOX 5633 Suite, Apt. #, etc. Spring Hill FL City & State FL			
Zip 34608 Country VS		Zip 34611 Country VS		02172005 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3766376				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GIRIT, LISA 2152 MEADOW LARK RD. SPRING HILL, FL 34608			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIRIT, LISA 2152 MEADOW LARK RD. SPRING HILL, FL 34608	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:  4/15/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					