

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90114 043 ***150.00

DOCUMENT # P03000081784 1. Entity Name US ON 19, INC.			
Principal Place of Business 4971 CAMBRIDGE BLVD #102 PALM HARBOR, FL 34685		Mailing Address 4971 CAMBRIDGE BLVD #102 PALM HARBOR, FL 34685	
2. Principal Place of Business 38874 US19N		3. Mailing Address 38874 US19N	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Tarpon Springs, FL		City & State Tarpon Springs, FL	
Zip 34689		Zip 34689	
Country Pinellas		Country Pinellas	
4. FEI Number 20-0159949		<input type="checkbox"/> 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 BUSINESS FILINGS INCORPORATED 660 EAST JEFFERSON STREET TALLAHASSEE, FL 32301		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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 ROLFE, KAREN 4971 CAMBRIDGE BLVD #102 PALM HARBOR, FL 34685	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Rolfe, Karen 38874 US19N Tarpon Springs, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONILLA, MARLENE 4971 CAMBRIDGE BLVD #102 PALM HARBOR, FL 34685	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Bonilla, MARLENE 38874 US19N Tarpon Springs, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONILLA, MELISSA 4971 CAMBRIDGE BLVD #102 PALM HARBOR, FL 34685	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Bonilla, melissa 38874 US19N Tarpon Springs, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/29/05 727-934-8050 <small>Date Daytime Phone #</small>	