

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90371 014 ***150.00

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1. Entity Name
ON A JOURNEY, INC.

Principal Place of Business
**1768 CADILLAC CIRCLE, NORTH
MELBOURNE, FL 32935**

Mailing Address
**P.O. BOX 89
OXON HILL, MD 20750**

60024063



2. Principal Place of Business
5400 ST. BARNABAS RD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03072006

Chg-P

CR2E034 (11/05)

City & State

OXON Hill, MD

City & State

4. FEI Number

11-3725600

Applied For

Not Applicable

Zip

20745

Country

US

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BEARSE, DAVID
1768 CADILLAC CIRCLE, NORTH
MELBOURNE, FL 32935**

7. Name and Address of New Registered Agent

Name **Gennelly, Michael S**

Street Address (P.O. Box Number is Not Acceptable)

2077 Seawind COURT

City

Indiantown

FL

Zip Code

32903

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 reinstating)

DATE

3/6/2006

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **PALMIERE, CHRISTOPHER**
STREET ADDRESS **P.O. BOX 89**
CITY-ST-ZIP **OXON HILL, MD 20750**

TITLE **STD** ☒ Delete
NAME **BEARSE, DAVID**
STREET ADDRESS **1768 CADILLAC CIRCLE, NORTH**
CITY-ST-ZIP **MELBOURNE, FL 32935**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **STD**
STREET ADDRESS **TASENS, CRAIG**
CITY-ST-ZIP **4689 OCCOQUAN OVERLOOK RD
WOODBIDGE, VA 22192**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/06

Date

Daytime Phone #