

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000142204

FILED  
Apr 28, 2005  
Secretary of State

Entity Name: ONIC-CITY VIEW HOUSING, INC.

## Current Principal Place of Business:

101 S TERRY AVE  
ORLANDO, FL 32805

## New Principal Place of Business:

## Current Mailing Address:

101 S TERRY AVE  
ORLANDO, FL 32805

## New Mailing Address:

FEI Number: 20-2493871      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

REBER, JOHN C  
109 E CHURCH ST FIFTH FL  
ORLANDO, FL 32801 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DVCV ( ) Delete  
Name: PORTELLI, LISA  
Address: 1870 ALOMA AVE STE 200  
City-St-Zip: WINTER PK, FL 32789

Title: DS ( ) Delete  
Name: GREEN, SYDNEY  
Address: 507 E MICHIGAN ST  
City-St-Zip: ORLANDO, FL 32806

Title: DT ( ) Delete  
Name: DUTES, FRANTZ  
Address: 252 E S ST  
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete  
Name: KELLY, SARAH  
Address: 548 S HAMPTON ST  
City-St-Zip: ORLANDO, FL 32803

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: BEITSCH, OWEN  
Address: 518 S MAGNOLIA AVENUE  
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA PORTELLI

DVCV

04/28/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date