

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P94000046482

1. Entity Name

ON DECK, INC.



**FILED
Apr 29, 2004 8:00 am
Secretary of State**

04-29-2004 90345 005 ***150.00



MOORE CR2E034 (11/03)

Principal Place of Business
611 DRUID RD., EAST
SUITE 512
CLEARWATER FL 33756
US

Mailing Address
611 DRUID RD., EAST
SUITE 512
CLEARWATER FL 33756
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

6. Name and Address of Current Registered Agent

ELIAS, JOHN M
611 DRUID RD., EAST
SUITE 512
CLEARWATER FL 34616

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D Delete
NAME ELIAS, JOHN M
STREET ADDRESS 611 DRUID RD., EAST, SUITE 512
CITY-ST-ZIP CLEARWATER FL

TITLE D Delete
NAME COFFMAN, W DONALD J
STREET ADDRESS 1397 22ND ST N
CITY-ST-ZIP ST PETE FL 33713

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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:

JOHN M. ELIAS 4/26/04 (727) 461-0220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #