


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000070769</b>		
1. Entity Name <b>ON-LINE CONCEPTS, INC.</b>		
Principal Place of Business <b>5355 NW 49 ST COCONUT CREEK, FL 33073 33</b>	Mailing Address <b>5355 NW 49 ST COCONUT CREEK, FL 33073 33</b>	



04222005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0524409</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SCHWARTZ, SANDRA  
5355 NW 49TH STREET  
COCONUT CREEK, FL 33073**

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**U00000332153  
04/26/05-80047-002 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE <b>D</b>	<b>SCHWARTZ, SANDRA</b>
NAME	<b>5355 NW 49TH STREET</b>
STREET ADDRESS	<b>COCONUT CREEK, FL 33073</b>
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

**954-  
427-6181**