


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000088474</b>	
1. Entity Name <b>ONESOFAR, INC.</b>	

Principal Place of Business <b>8011 CITRUS TOWN CENTER ROAD SUITE 8011 CLEARWATER, FL 33761</b>	Mailing Address <b>5222 KARLSBURG PL PALM HARBOR, FL 34685 US</b>
--	--

**DO NOT WRITE IN THIS SPACE**



03142004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3356025</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>RICHUTE, ROBERT J 5222 KARLSBURG PL PALM HARBOR, FL 34685</b>	<b>DO NOT WRITE IN THIS SPACE</b>
---	---------------------------------------

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>	DATE _____
--	------------

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>1177000090627 03/17/04-80026-018 150.00</b>
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVST RICHUTE, ROBERT J 5222 KARLSBURG PL PALM HARBOR, FL 34685</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP RICHUTE, DOROTHY J 5222 KARLSBURG PL PALM HARBOR, FL 34685</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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)(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, or other like empowered.

<b>SIGNATURE:</b> 	<b>3/12/04 727 934 0594</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>