


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90025 048 ***150.00

DOCUMENT # <u>P96000031388</u>	
1. Entity Name <u>on your own INC.</u>	

DO NOT WRITE IN THIS SPACE

20030753

2. Principal Place of Business <u>908 Hubbel Rd</u>		3. Mailing Address <u>Same</u>	
Suite, Apt. #, etc. <u>or</u> <u>908 32nd St E.</u>		Suite, Apt. #, etc.	
City & State <u>Brad FL</u>		City & State	
Zip <u>34208</u>	Country <u>manatee</u>	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		4. FEJ Number <u>650666547</u>	
		Applied For <input type="checkbox"/> Not Applicable	
		\$8.75 Additional Fee Required	

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DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <u>Cheryl Hamon</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>908 Hubbel Rd or 908 32nd St E</u>	
	City <u>Brad FL</u>	Zip Code <u>34208</u>

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 Cheryl Hamon DATE 4-5-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Owner</u> <u>Cheryl Hamon</u> <u>908 Hubbel Rd Brad FL</u> <u>34208</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Cheryl Hamon Cheryl Hamon DATE 4-5-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)