2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State
01-14-2004 90009 022 ***150.00

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01092004 Chg-P CR2E034 (10/03)

DOCUMENT # P96000096368

1. Entity Name
ONE-ON-ONE INFORMATION SERVICES, INC.

Principal Place of Business	Mailing Address
1424 E PIEDMONT STE 200 TALLAHASSEE, FL 32308 US	1424 E PIEDMONT STE 200 TALLAHASSEE, FL 32308 US

2. Principal Place of Business	3. Mailing Address
1391 TIMBERLANE RD	1391 TIMBERLANE RD
Suite, Apt. #, etc.: STE 104	Suite, Apt. #, etc.: STE 104
City & State: TALLAHASSEE FL	City & State: TALLAHASSEE FL
Zip: 32312 Country: US	Zip: 32312 Country: US

4. FEI Number: 59-3413752 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOODY, MICHELE B
1424 E PIEDMONT #200
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name: MICHELE B MOODY
Street Address (P.O. Box Number is Not Acceptable): 1391 TIMBERLANE RD STE 104
City: TALLAHASSEE FL Zip Code: 32312

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 ______ MICHELE B MOODY, PRESIDENT 01/09/2004
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

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOODY, MICHELE B 1424 E PIEDMONT #200 TALLAHASSEE, FL 32308 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1391 TIMBERLANE RD STE 104 TALLAHASSEE FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Michele B. Moody MICHELE B MOODY, PRESIDENT 01/09/2004 850-553-9323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #