

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90026 036 ***150.00

DOCUMENT # P97000105440

1. Entity Name

ONLINE SURVEYS, INC.



Principal Place of Business

1150 E. ATLANTIC BLVD
POMPANO BEACH FL 33060

Mailing Address

170 NW SPANISH RIVER BLVD.
BOCA RATON FL 33431

2. Principal Place of Business

3. Mailing Address

205 ne 5th Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Delray Beach, FL

Zip

Country

Zip

33444

Country

USA



1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0820608

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PLATT, RONALD L
170 NW SPANISH RIVER BLVD
BOCA RATON FL 33431

Name

Street Address (P.O. Box Number is Not Acceptable)

205 ne 5th Terrace

City

Delray Beach

FL

Zip Code

33444

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

11/31/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME PLATT, RONALD L
STREET ADDRESS 170 NW SPANISH RIVER BLVD
CITY-ST-ZIP BOCA RATON FL 33431

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 205 ne 5th Terrace
CITY-ST-ZIP Delray Beach, FL 33444

TITLE VP ☐ Delete
NAME THOMPSON, ROBERT L
STREET ADDRESS 1150 E. ATLANTIC BLVD
CITY-ST-ZIP POMPAHO BEACH FL 33060

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 address, with all other like empowered.

SIGNATURE:

RONALD L. PLATT Pres. 11/31/05 561-368-3337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #