


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 05, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L97460**  
 1. Entity Name  
 ON LOCATION EDUCATION (FLORIDA), INC.



Principal Place of Business      Mailing Address  
 CHASTANG, FERRELL, SIMS, & EISERMAN, LLC      C/O CHASTANG, FERRELL ETAL.  
 1400 W FAIRHANKS AVE 102      1400 W. FAIRBANKS AVENUE SUITE 102  
 WINTER PARK, FL 32789      WINTER PARK, FL 32789 US



01172005    No Chg-P    CR2E034 (10/03)

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4. FEI Number      Applied For  
 59-3031411      Not Applicable

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

6. Name and Address of Current Registered Agent  
 CHASTANG, LAWRENCE J  
 CHASTANG FERRELL ETAL  
 1400 W FAIRBANKS AVE SUITE 102  
 WINTER PARK, FL 32789

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

000000216218  
 02/05/05-80033-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	SIMON, ALAN
STREET ADDRESS	19 E. MAIN ST
CITY-ST-ZIP	MR. KISCO, NY
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, with all other like empowered.

SIGNATURE: ALAN SIMON      ALAN SIMON      2/1/2005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #