

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000022232

Entity Name: ONSITE SAFETY, INC.

FILED  
Apr 01, 2009  
Secretary of State

## Current Principal Place of Business:

562 SOUTH ECON CIRCLE  
SUITE 1040  
OVIEDO, FL 32765 US

## New Principal Place of Business:

## Current Mailing Address:

562 SOUTH ECON CIRCLE  
SUITE 1040  
OVIEDO, FL 32765 US

## New Mailing Address:

FEI Number: 20-2523431

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEFKOWITZ, IVAN M ESQ.  
430 NORTH MILLS AVENUE  
ORLANDO, FL 32803 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: AULT, JAY  
Address: 562 SOUTH ECON CIRCLE, SUITE 1040  
City-St-Zip: OVIEDO, FL 32765 US

Title: VTD ( ) Delete  
Name: AULT, JOSEPH  
Address: 562 SOUTH ECON CIRCLE, SUITE 1040  
City-St-Zip: OVIEDO, FL 32675 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAY AULT

PRES

04/01/2009

Electronic Signature of Signing Officer or Director

Date