


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # S91693**  
 1. Entity Name  
**ONSITE TECHNOLOGY SERVICES, INC.**



Principal Place of Business      Mailing Address  
**26 C DUCKPOND DR**      **P.O. BOX 1070**  
**AUCILLA SHORES**      **MONTICELLO, FL 32345 US**  
**GREENVILLE, FL 32331 US**



04202005      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0305928**      Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HOTZ, ASHLEY S**  
**26-C AUCILLA SHORES**  
**MONTICELLO, FL**

**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**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HOTZ, ASHLEY SIMMONS P.O. BOX 1070 N/A MONTICELLO, FL 32345
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HOTZ, RICHARD E. P.O. BOX 1070 N/A MONTICELLO, FL 32345
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 04/26/05-80070-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Ashley S. Hotz      President      04/18/05      850/9976500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

*Ashley S. Hotz*