

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90055 040 ***150.00

DOCUMENT # F00000000147

1. Entity Name

ONYX SPECIAL SERVICES, INC.



Principal Place of Business

125 SOUTH 84TH STREET
SUITE 200
MILWAUKEE WI 53214

Mailing Address

125 SOUTH 84TH STREET, SUITE 200
MILWAUKEE WI 53214

JUU10011

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

3018 N. Hwy 146

Suite, Apt. #, etc.

City & State

Baytown, TX

Zip

77520

Country

USA

4. FEI Number

39-1432114

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	KRUGER, RANDY	
STREET ADDRESS	3018 NORTH HWY 146	
CITY-ST-ZIP	BAYTOWN TX 77520	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FARR, GEORGE K	
STREET ADDRESS	1605 MAIN STREET STE 711	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	S	<input type="checkbox"/> Delete
NAME	SIEDOR, GREIG	
STREET ADDRESS	700 EAST BUTTERFIELD ROAD	
CITY-ST-ZIP	LOMBARD IL 60148	
TITLE	AT	<input type="checkbox"/> Delete
NAME	BRUCKERT, RAPHAEL B	
STREET ADDRESS	1605 MAIN STREET, SUITE 904	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	BRAMLETTE, TOM	
STREET ADDRESS	7 MOBILE AVE	
CITY-ST-ZIP	SAUGET IL 62201	
TITLE	AT	<input type="checkbox"/> Delete
NAME	KARIUS, HENRY P	
STREET ADDRESS	125 S 84TH ST #200	
CITY-ST-ZIP	MILWAUKEE WI 53214	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George K. Farr	
STREET ADDRESS	700 E. Butterfield Road, #201	
CITY-ST-ZIP	Lombard, IL 60148	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Raphael B. Bruckert	
STREET ADDRESS	125 S. 84th Street, Suite 200	
CITY-ST-ZIP	Milwaukee, WI 53214	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tom Bramlette	
STREET ADDRESS	700 E. Butterfield Road, #201	
CITY-ST-ZIP	Lombard, IL 60148	
TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Randall C. Lawson II	
STREET ADDRESS	3018 N. Hwy 146	
CITY-ST-ZIP	Baytown, TX 77520	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #