


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90100 002 \*\*\*158.75

<b>DOCUMENT # F00000001158</b>	
1. Entity Name <b>OTIS EASTERN SERVICE, INC.</b>	

Principal Place of Business <b>2446 SOUTH BROOKLYN AVE. WELLSVILLE NY 14895</b>	Mailing Address <b>P.O. BOX 330 WELLSVILLE NY 14895</b>
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2. Principal Place of Business <b>2971 ROUTE 417E</b> Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State <b>WELLSVILLE, NY 14895</b>	City & State	4. FEI Number <b>16-0725868</b>	Applied For Not Applicable
Zip <b>14895</b>	Country <b>ALLEGANY</b>	Zip	Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PD</b>	<input type="checkbox"/> Delete	TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>JOYCE, CHARLES P</b>		NAME <b>JOYCE, CHARLES P.</b>	
STREET ADDRESS <b>2446 SOUTH BROOKLYN AVE.</b>		STREET ADDRESS <b>2971 ROUTE 417 E</b>	
CITY-ST-ZIP <b>WELLSVILLE NY 14895</b>		CITY-ST-ZIP <b>WELLSVILLE, NY 14895</b>	
TITLE <b>CD</b>	<input type="checkbox"/> Delete	TITLE <b>CD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JOYCE, CHARLES H</b>		NAME <b>JOYCE CHARLES H. JOYCE</b>	
STREET ADDRESS <b>2446 SOUTH BROOKLYN AVE.</b>		STREET ADDRESS <b>2971 ROUTE 417 E</b>	
CITY-ST-ZIP <b>WELLSVILLE NY 14895</b>		CITY-ST-ZIP <b>WELLSVILLE, NY 14895</b>	
TITLE <b>V</b>	<input type="checkbox"/> Delete	TITLE <b>VD</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>JOYCE, RICHARD W</b>		NAME <b>JOYCE, RICHARD W.</b>	
STREET ADDRESS <b>2446 SOUTH BROOKLYN AVE.</b>		STREET ADDRESS <b>2971 ROUTE 417 E</b>	
CITY-ST-ZIP <b>WELLSVILLE NY 14895</b>		CITY-ST-ZIP <b>WELLSVILLE, NY 14895</b>	
TITLE <b>V</b>	<input type="checkbox"/> Delete	TITLE <b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DEUSENBERY, ANTHONY</b>		NAME <b>DEUSENBERY, ANTHONY</b>	
STREET ADDRESS <b>2446 SOUTH BROOKLYN AVE.</b>		STREET ADDRESS <b>2971 ROUTE 417 E</b>	
CITY-ST-ZIP <b>WELLSVILLE NY 14895</b>		CITY-ST-ZIP <b>WELLSVILLE, NY 14895</b>	
TITLE <b>ST</b>	<input type="checkbox"/> Delete	TITLE <b>ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JOYCE, M E</b>		NAME <b>JOYCE, M E</b>	
STREET ADDRESS <b>2446 SOUTH BROOKLYN AVE.</b>		STREET ADDRESS <b>2971 ROUTE 417 E</b>	
CITY-ST-ZIP <b>WELLSVILLE NY 14895</b>		CITY-ST-ZIP <b>WELLSVILLE, NY 14895</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>EMBSER, J. TIMOTHY</b>		NAME <b>EMBSER, J. TIMOTHY</b>	
STREET ADDRESS <b>2446 SOUTH BROOKLYN AVE.</b>		STREET ADDRESS <b>2971 ROUTE 417 E</b>	
CITY-ST-ZIP <b>WELLSVILLE NY 14895</b>		CITY-ST-ZIP <b>WELLSVILLE, NY 14895</b>	

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:** *M. E. Joyce, Corp Secy.* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **4/15/04** **585-593-4760**  
 Date Daytime Phone #

attachment

14005850

2004 ADDITIONS/ CHANGES TO THE ANNUAL REPORT

DOCUMENT # F00000001158

TITLE: D

CHANGE/ADDITION

NAME: JOYCE, LORRAINE A.

STREET ADDRESS: 2971 ROUTE 417 E

CITY STATE ZIP: WELLSVILLE, NY 14895

TITLE: D

CHANGE

NAME: JOYCE, TERESA M.

STREET ADDRESS: 2971 ROUTE 417 E

CITY STATE ZIP: WELLSVILLE, NY 14895

TITLE: D

CHANGE

NAME: JACKSON, CHERYL A.

STREET ADDRESS: 2971 ROUTE 417 E

CITY STATE ZIP: WELLSVILLE, NY 14895