


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90080 038 \*\*\*150.00

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

Principal Place of Business 2971 ROUTE 417-E WELLSVILLE, NY 14895	Mailing Address P.O. BOX 330 WELLSVILLE, NY 14895
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50035163

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04052005 Chg-P CR2E034 (10/03)

4. FEI Number 16-0725868	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOYCE, CHARLES P 2971 ROUTE 417 E WELLSVILLE, NY 14895 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD JOYCE, CHARLES H 2971 ROUTE 417 E WELLSVILLE, NY 14895 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOYCE, RICHARD W 2971 ROUTE 417 E WELLSVILLE, NY 14895 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOYCE, RICHARD W. 2971 ROUTE 417 E WELLSVILLE, NY 14895 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEUSENBERRY, ANTHONY 2971 ROUTE 417 E WELLSVILLE, NY 14895 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JOYCE, M E 2971 ROUTE 417 E WELLSVILLE, NY 14895 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMBSEY, J. TIMOTHY 2971 ROUTE 417 E WELLSVILLE, NY 14895 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>M. E. Joyce, Corp. Secy</i>	<i>M. E. JOYCE</i> CORP. SECY	4/5/05	585-593-4760
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #



ATTACHMENT

**OTIS EASTERN SERVICE, INC.**

2971 Route 417 • P.O. Box 330 • Wellsville, NY 14895

Telephone 585 593-4760

Fax 585 593-4805

E-mail: otiseastern.com

# F00000001158  
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## 2005 ANNUAL REPORT ADDITIONS/CHANGES

DOCUMENT # F00000001158

### BOARD OF DIRECTORS CON'T

TITLE: D

ADDITION

NAME: JOYCE, LORRAINE A.

STREET ADDRESS: 2971 ROUTE 417 E

CITY, STATE, ZIP: WELLSVILLE, NY 14895

TITLE: D

ADDITION

NAME: JACKSON, CHERYL A.

STREET ADDRESS: 2971 ROUTE 417 E

CITY, STATE, ZIP: WELLSVILLE, NY 14895

TITLE: D

ADDITION

NAME: JOYCE, TERESA

STREET ADDRESS: 2971 ROUTE 417 E

CITY, STATE, ZIP: ATLANTA, GA 30306