

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90055 022 ***150.00

DOCUMENT # F00000001158

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



01212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-0725868

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

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	PD JOYCE, CHARLES P 2971 ROUTE 417 E WELLSVILLE, NY 14895
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD JOYCE, CHARLES H 2971 ROUTE 417 E WELLSVILLE, NY 14895
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOYCE, RICHARD W 2971 ROUTE 417 E WELLSVILLE, NY 14895
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEUSENBERY, ANTHONY 2971 ROUTE 417 E WELLSVILLE, NY 14895
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JOYCE, M E 2971 ROUTE 417 E WELLSVILLE, NY 14895
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMBSER, J. TIMOTHY 2971 ROUTE 417 E WELLSVILLE, NY 14895

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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* *M.E. Joyce*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/08 *585-5934760*
Date Daytime Phone #