

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90031 028 \*\*\*150.00

**DOCUMENT # F02000005487**

1. Entity Name

**ON-SITE MANAGEMENT & ASSOCIATES, INC.**



Principal Place of Business

3623 N. STERLING AVE.  
C-2  
PEORIA IL 61604

Mailing Address

3623 N. STERLING AVE.  
C-2  
PEORIA IL 61604

**94041323**



MOORE CR2E034 (11/03)

2. Principal Place of Business

**4046 Old Plank Rd.**  
Suite, Apt. #, etc.

3. Mailing Address

**4046 Old Plank Rd.**  
Suite, Apt. #, etc.

City & State

**Middleburg, FL**  
Zip **32068** Country **US**

City & State

**Middleburg, FL**  
Zip **32068** Country **US**

4. FEI Number

**71-0904372**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**QUINETTE, MARY**  
**4360 28TH ST. N.**  
**ST PETERSBURG FL 33711**

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

**Same**

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, 2004 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 ☐ Delete  
NAME **CP**  
STREET ADDRESS **WADYKO, TRACY LEE**  
CITY-ST-ZIP **3809 N. STERLING AVE**  
**PEORIA IL 61615**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**Tracy Wadyko**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/29/04**

Date

**309-453-8331**

Daytime Phone #