

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000001698**

1. Entity Name  
**ON-SITE MANAGEMENT SERVICES, INC.**



Principal Place of Business  
**20170 PINES BLVD  
STE 302  
PEMBROKE PINES, FL 33029**

Mailing Address  
**20170 PINES BLVD  
STE 302  
PEMBROKE PINES, FL 33029**



04112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0990327**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GRAVES, LAMONT  
18611 SW 41ST ST  
MIRAMAR, FL 33029**

**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 \_\_\_\_\_

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	GRAVES, LAMONT T
STREET ADDRESS	20170 PINES BLVD., SUITE 302
CITY- ST- ZIP	PEMBROKE PINES, FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000335618  
04/27/05-80094-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]*

*[Handwritten: 4/25/05 (954) 447-2500]*