


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90035 017 ***150.00

DOCUMENT # P00000011703 1. Entity Name ALLIED ON SITE, INC.			
Principal Place of Business 4008 E. COLOMBUS DRIVE TAMPA, FL 33605		Mailing Address 4008 E. COLOMBUS DRIVE TAMPA, FL 33605	
2. Principal Place of Business 4101 E. 12TH AVE Suite, Apt., etc. D-1 City & State TAMPA FL Zip 33605 Country Hills		3. Mailing Address 4101 E. 12TH AVE Suite, Apt., etc. D-1 City & State TAMPA, FL Zip 33605 Country Hills	
4. FEI Number 59-3622276		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURKE, BOBBY E 4008 E. COLOMBUS DRIVE TAMPA, FL 33605		7. Name and Address of New Registered Agent Name BURKE Bobby Street Address (P.O. Box Number is Not Acceptable) 4602 BROWNWOOD CT City TAMPA FL Zip Code 33624	
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 <u><i>Bobby E. Burke</i></u> BOBBY E. BURKE <u>2/10/04</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BURKE, BOBBY E 4008 E. COLOMBUS DRIVE TAMPA, FL 33605	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition BOBBY E. BURKE 4602 BROWNWOOD CT TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<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 <u><i>Bobby E. Burke</i></u> BOBBY E. BURKE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>2/10/04</u> 813 620 4400 <small>Date Daytime Phone #</small>	

54013429



02102004 Chg-P CR2E034 (10/03)