



**2004 FOR PROFIT CORPORATION  
- ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000041779</b> 1. Entity Name <b>ON SITE DRUG TESTING, INC.</b>			
Principal Place of Business <b>620 SANDY HOOK RD. PALM HARBOR, FL 34683</b>		Mailing Address <b>PO BOX 2262 PALM HARBOR, FL 34682</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
			
		04102004 No Chg-P CR2E034 (10/03)	
4. FEI Number <b>59-3714162</b>		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			
<b>SHEAR, ROBERT L ESQ 2790 SUNSET POINT RD. CLEARWATER, FL 33759</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		<b>U000000143762 04/30/04-80105-005 150.00</b>	
10. OFFICERS AND DIRECTORS			
TITLE	DPST		
NAME	CULLENS, SHERI L		
STREET ADDRESS	620 SANDY HOOK RD.		
CITY - ST - ZIP	PALM HARBOR, FL 34683		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
<b>DO NOT WRITE IN THIS SPACE</b>			
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: <b>Sheri L Cullens</b>		<b>4-27-04 727-785-5404</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	