

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90031 044 ***150.00

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1. Entity Name
ONSITE REPAIR SERVICE INC.



Principal Place of Business
**14209 TENNESSEE AVENUE
ASTATULA, FL 34705**

Mailing Address
**14209 TENNESSEE AVENUE
ASTATULA, FL 34705**

DO NOT WRITE IN THIS SPACE



09022005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3743610

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PJ, JERNIGAN
BEST KEPT BOOKS
959 TENTH STREET
CLERMONT, FL 34711**

*836 W. Montrose
Ste. 1*

**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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-2-05

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE: PRES
NAME: CHURCH, BRUCE A
STREET ADDRESS: 14209 TENNESSEE AVENUE
CITY-ST-ZIP: ASTATULA, FL 34705

TITLE: VP
NAME: CHURCH, DE'ANN R
STREET ADDRESS: 14209 TENNESSEE AVENUE
CITY-ST-ZIP: ASTATULA, FL 34705

TITLE
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-2-05