
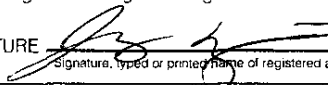


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90430 046 ***150.00

DOCUMENT # P02000107469			
1. Entity Name ON LOCATION PROFESSIONAL MOBILE DETAILERS, INC.			
Principal Place of Business 9052 MOON LAKE ROAD NEW PORT RICHEY FL 34654		Mailing Address 9052 MOON LAKE ROAD NEW PORT RICHEY FL 34654	
2. Principal Place of Business AVE 4306 PEGASUS DRIVE SUITE, Apt. #, etc. PORT RICHEY, FLORIDA City & State		3. Mailing Address P.O. Box 115 SUITE, Apt. #, etc. PORT RICHEY, FLORIDA City & State	
Zip 34668	Country UNITED STATES	Zip 34673	Country UNITED STATES
6. Name and Address of Current Registered Agent JENSEN, MICHAEL 9052 MOON LAKE ROAD NEW PORT RICHEY FL 34654		7. Name and Address of New Registered Agent Name JEREMY BONCZKIEWICZ Street Address (P.O. Box Number is Not Acceptable) 4306 PEGASUS DRIVE AVE. City PORT RICHEY FL Zip Code 34668	
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.		JEREMY BONCZKIEWICZ, PRESIDENT (NOTE: Registered Agent signature required when reinstating) DATE 04/27/04	
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. <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	PTD BONCZKIEWICZ, JEREMY J 9052 MOON LAKE ROAD NEW PORT RICHEY F; 34654 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PH/D BONCZKIEWICZ, JEREMY J 4306 PEGASUS AVE PORT RICHEY, FL 34668 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD ORTIZ, RAMON JR 9052 MOON LAKE ROAD NEW PORT RICHEY F; 34654 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SM/D ORTIZ, RAMON JR 4306 PEGASUS AVE PORT RICHEY, FL 34668 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENSEN, MICHAEL 9052 MOON LAKE ROAD NEW PORT RICHEY F; 34654 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  JEREMY BONCZKIEWICZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/04 **(22) 856-3139**
Date Daytime Phone #