


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90104 012 ***150.00

DOCUMENT # P03000040401 1. Entity Name ON TIME ELECTRIC INC.	
--	---

Principal Place of Business 16204 TURNBURY OAK DRIVE ODESSA, FL 33556	Mailing Address 16204 TURNBURY OAK DRIVE ODESSA, FL 33556
---	---

DO NOT WRITE IN THIS SPACE



02222006 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3683229	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent SIEPER, RAYMOND F 16204 TURNBURY OAK DRIVE ODESSA, FL 33556

**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, 2006 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIEPER, RAYMOND F 16204 TURNBURY OAK DRIVE ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X *Raymond Sieper* **3/2/06** **813-545-9195**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #