

FILED
Jan 24, 2005 8:00 am
Secretary of State


01-24-2005 90054 030 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

50005822



01162005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000109457					
1. Entity Name SERVICES ON SITE, INC.					
Principal Place of Business 333 24TH PLACE S.E. VERO BEACH, FL 32962			Mailing Address 2046 TREASURE COAST PLAZA #314 VERO BEACH, FL 32960		
2. Principal Place of Business 196 32nd Ave.		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Vero Beach, FL		City & State		4. FEI Number 57-1188361	
Zip 32968		Country Indian River		Applied For Not Applicable	
Zip 32968		Country Indian River		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCHOETTLE, JOSEPH D 333 24TH PLACE S.E. VERO BEACH, FL 32962			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 Joseph D. Schoettle			DATE 1/17/2005		
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing)			DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	P	<input checked="" type="checkbox"/> Delete	TITLE	P/C/T/D/M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOETTLE, JOSEPH D		NAME	Schoettle, Joseph D	
STREET ADDRESS	333 24TH PLACE S.E.		STREET ADDRESS	196 32nd Ave.	
CITY- ST- ZIP	VERO BEACH, FL 32962		CITY- ST- ZIP	Vero Beach, FL 32968	
TITLE	CEO.	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOETTLE, JOSEPH D		NAME		
STREET ADDRESS	333 24TH PLACE S.E.		STREET ADDRESS		
CITY- ST- ZIP	VERO BEACH, FL 32962		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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: Joseph D. Schoettle P/Ceo.			Date 1/17/2005 (772)321-2545		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		