


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000155550**  
 1. Entity Name  
**ONSITE MOBILITY COMPUTER SERVICE, INC.**



Principal Place of Business  
**594 NORTHWEST 20TH AVENUE  
 POMPANO BEACH, FL 33069**

Mailing Address  
**6912 NORTHWEST 6TH COURT  
 MARGATE, FL 33063**



04282006 Chg-P CR2E034 (11/05)

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number  
**61-1463885**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KRAUSE, HAROLD J  
 594 NORTHWEST 20TH AVENUE  
 POMPANO BEACH, FL 33069**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	KRAUSE, HAROLD J	594 NORTHWEST 20TH AVENUE	POMPANO BEACH, FL 33069	<input type="checkbox"/>
VPD	KRAUSE, JANICE	594 NORTHWEST 20TH AVENUE	POMPANO BEACH, FL 33069	<input type="checkbox"/>
TD	SORRENTINO, JOAN	6912 N.W. 6 CT	POMPANO BEACH, FL 33063	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

000000558189  
 05/17/06-80076-017 158.75

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: *Harold Krause, Pres* **4/28/05** 954-970-7203  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #