

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P05000058964

1. Entity Name

ON-SITE MOBILE AUTO SERVICE, INC.



Principal Place of Business

7548 S US 1 - # 173  
PORT ST LUCIE, FL 34952

Mailing Address

7548 S US 1 - # 173  
PORT ST LUCIE, FL 34952



02232007

No Chg-P

CR2E034 (11/05)

4. FEI Number

20-2753254

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

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

MORIARTY, LISA  
104 NE NARANJA AVE  
PORT ST LUCIE, FL 34983

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000653942  
03/13/07-80043-008 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	MORIARTY, SEAN
STREET ADDRESS	7548 S US 1 - # 173
CITY-ST-ZIP	PORT ST LUCIE, FL 34952
TITLE	VPD
NAME	MORIARTY, LISA
STREET ADDRESS	7548 S US 1 - # 173
CITY-ST-ZIP	PORT ST LUCIE, FL 34952
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LISA MORIARTY

2-26-07

Date

(772)336-2106

Daytime Phone #