

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90091 034 ***150.00

DOCUMENT # P05000164345

1. Entity Name
FLORIDA ONSITE SOLUTIONS, INC.

10. %

44-1111

Principal Place of Business
101 BROWNSTONE LANE
PALM COAST, FL 32137

Mailing Address
101 BROWNSTONE LANE
PALM COAST, FL 32137

2. Principal Place of Business
101 Brownstone Lane

3. Mailing Address
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State Palm Coast, FL

City & State

Zip 32137

Country US

Zip

Country

02112006

Chg-P

CR2E034 (11/05)

4. FEI Number 20-3989322

Applied For

Not

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

6. Name and Address of Current Registered Agent

TOOMER, MALCOLM L
101 BROWNSTONE LANE
PALM COAST, FL 32137

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 Malcolm L. Toomer, President

02/11/2006

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOWM 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	P	<input type="checkbox"/> Delete
NAME	TOOMER, MALCOM L	
STREET ADDRESS	1 01 BROWNSTONE LANE	
ADDRESS	PALM COAST, FL 32137	
TITLE	S	<input type="checkbox"/> Delete
NAME	TOOMER, JENNY R	
STREET ADDRESS	1 01 BROWNSTONE LANE	
ADDRESS	PALM COAST, FL 32137	
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
ADDRESS		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
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TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
ADDRESS		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
ADDRESS		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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any corrections

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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: Malcolm L. Toomer

02/11/06

386.446.0734

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #