


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P23520**

1. Entity Name  
**ONYX INDUSTRIAL SERVICES, INC.**



Principal Place of Business      Mailing Address

3018 NORTH HWY. 146      3018 NORTH HWY. 146  
 BAYTOWN, TX 77520 US      BAYTOWN, TX 77520 US



**DO NOT WRITE IN THIS SPACE**

04132005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 75-2257854      Not Applicable

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

5. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION, FL 33324

**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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	KRUGER, RANDY
STREET ADDRESS	3018 NORTH HWY. 146
CITY-ST-ZIP	BAYTOWN, TX 77520
TITLE	P
NAME	ROSE, F. MICHAEL
STREET ADDRESS	3018 NORTH HWY. 146
CITY-ST-ZIP	BAYTOWN, TX 77520
TITLE	VTAS
NAME	LAWSON, RANDALL C II
STREET ADDRESS	3018 NORTH HWY. 146
CITY-ST-ZIP	BAYTOWN, TX 77520
TITLE	V
NAME	WOOD, TIMOTHY
STREET ADDRESS	3018 NORTH HWY. 146
CITY-ST-ZIP	BAYTOWN, TX 77520
TITLE	V
NAME	DANIELS, CHRISTOPHER L
STREET ADDRESS	3018 NORTH HWY. 146
CITY-ST-ZIP	BAYTOWN, TX 77520
TITLE	VCOO
NAME	NOTO, GARY
STREET ADDRESS	3018 NORTH HWY., 146
CITY-ST-ZIP	BAYTOWN, TX 77520

**DO NOT WRITE IN THIS SPACE**

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 04/21/05-80034-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: F. Michael Rose / F. Michael Rose      4/18/05      713-307-2166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #