

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000092857

1. Entity Name  
OSVS, INC.



FILED

05 NOV -8 PM 7:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
6736 COMMERCE AVE.  
PORT RICHEY, FL 34668

Mailing Address  
6736 COMMERCE AVE.  
PORT RICHEY, FL 34668 US

2. Principal Place of Business

6641 Industrial Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06292005

Chg-P

CR2E034 (10/03)

City & State

Port Richey, FL

City & State

4. FEI Number

59-3350024

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BEIL, EUGENE L  
12312 US HWY 19  
HUDSON, FL 34667

7. Name and Address of New Registered Agent

Name: Brett J. Wiley  
Street Address (P.O. Box Number is Not Acceptable)  
6641 Industrial Ave  
City: Port Richey FL Zip Code: 34668

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

Brett J. Wiley Brett J. Wiley

10-18-05

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

(NOTE: Registered agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D ☐ Delete  
NAME: WILEY, BRETT J  
STREET ADDRESS: 9341 STAR TRAIL  
CITY-ST-ZIP: NEW PORT RICHEY, FL 34654

TITLE:   ☐ Delete  
NAME:    
STREET ADDRESS:    
CITY-ST-ZIP:  

TITLE:   ☐ Delete  
NAME:    
STREET ADDRESS:    
CITY-ST-ZIP:  

TITLE:   ☐ Delete  
NAME:    
STREET ADDRESS:    
CITY-ST-ZIP:  

TITLE:   ☐ Delete  
NAME:    
STREET ADDRESS:    
CITY-ST-ZIP:  

TITLE:   ☐ Delete  
NAME:    
STREET ADDRESS:    
CITY-ST-ZIP:  

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D ☒ Change ☐ Addition  
NAME: Brett J. Wiley  
STREET ADDRESS: 12121 Little Rd #234  
CITY-ST-ZIP: Hudson, FL 34667

TITLE:   ☐ Change ☐ Addition  
NAME:    
STREET ADDRESS:    
CITY-ST-ZIP:  

TITLE:   ☐ Change ☐ Addition  
NAME:    
STREET ADDRESS:    
CITY-ST-ZIP:  

TITLE:   ☐ Change ☐ Addition  
NAME:    
STREET ADDRESS:    
CITY-ST-ZIP:  

TITLE:   ☐ Change ☐ Addition  
NAME:    
STREET ADDRESS:    
CITY-ST-ZIP:  

TITLE:   ☐ Change ☐ Addition  
NAME:    
STREET ADDRESS:    
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:

Brett J. Wiley

Brett J. Wiley

10-5-05

727-862-4988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

per conversation with mr. wiley a short review prior notices until now