


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000058632</b>	
1. Entity Name <b>ON-TIME TRANSCRIPTION SERVICES, INC.</b>	

Principal Place of Business <b>8340 S.W. 141 ST. VILLAGE OF PALMETTO BAY, FL 33158</b>	Mailing Address <b>8340 S.W. 141 ST. VILLAGE OF PALMETTO BAY, FL 33158</b>
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**DO NOT WRITE IN THIS SPACE**



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0772325</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GUTIERREZ, MONICA M  
8340 S.W. 141 STREET  
VILLAGE OF PALMETTO BAY, FL 33158**

**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: *Monica Gutierrez* (NOTE: Registered Agent signature required when reappointing) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GUTIERREZ, GEORGE 8340 SW 141 STREET VILLAGE OF PALMETTO BAY, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GUTIERREZ, MONICA M 8340 S.W. 141 STREET VILLAGE OF PALMETTO BAY, FL 33158
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05/03/04-80175-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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: *Monica Gutierrez* DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR