

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90004 008 ***150.00

DOCUMENT # P98000041682

1. Entity Name
COMPLETE ONSITE PROPERTY SERVICES, INC.



Principal Place of Business
**6567 WEST BERRIGAN CT.
HOMOSASSA, FL 34446**

Mailing Address
**6567 WEST BERRIGAN CT.
HOMOSASSA, FL 34446**

44050743



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07142004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3509837

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COSTELLO, JOHN M.
4011 NORTH A STREET
TAMPA, FL 33609**

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

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 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
COSTELLO, JOHN M
6567 WEST BERRIGAN COURT
HOMOSASSA, FL 34446** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
COSTELLO, HOLLY R
6567 WEST BERRIGAN COURT
HOMOSASSA, FL 34446** ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/04

352-621-5145

Daytime Phone #

Attachment

44050743

#P98000041682

Complete Onsite Property Services Inc.
6567 West Berrigan Court
Homosassa, FL 34446

July 23, 2004

Florida Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Re: Complete Onsite Property Services Inc.; Document No. P98000041682; 2004.

Attached please find the signed, printed, and dated form, copy of the letter you sent and my check number 2147 for \$ 150.00.

I am requesting a waiver of the late fee as, I did receive the new card system and completely did not understand it, and was unable to receive help in regards to such. There were no other notices from your office until now, requesting this information, and additional fees. It is also my understanding that many other very small business owner's like myself were unable too obtain help or understand your new system and now find themselves in trouble like myself, with this notice and no other prior notices from your office. As such, I would sincerely appreciate your accepting my report and check, and waiving the additional fee as there were no other notices received, and this new card system was completely confusing too us small business owners especially with no help.

Your help and cooperation would be gratefully appreciated.

Very truly yours,



John Costello, President