


**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.	
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Principal Place of Business 3018 NORTH HWY. 146 BAYTOWN, TX 77520 US	Mailing Address 3018 NORTH HWY. 146 BAYTOWN, TX 77520 US
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DO NOT WRITE IN THIS SPACE

04132005 No Chg-P CR2E034 (10/03)

4. FEI Number 75-2257854	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____

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

(NOTE: Registered Agent signature required when reappointing)

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

**DO NOT WRITE
IN THIS SPACE**

UD00000320344

04721/05-80034-006 150.00

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 #