

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000141577

FILED  
May 01, 2009  
Secretary of State

Entity Name: ON TARGET PERFORMANCE SYSTEMS, INC

**Current Principal Place of Business:**

3653 CAGNEY DRIVE, SUITE 201  
TALLAHASSEE, FL 32309

**New Principal Place of Business:**

**Current Mailing Address:**

3653 CAGNEY DRIVE, SUITE 201  
TALLAHASSEE, FL 32309

**New Mailing Address:**

FEI Number: 59-3462228      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SAXON ACCOUNTING & CONSULTING INC.  
2344 HANSEN LANE UNIT 1  
TALLAHASSEE, FL 32301      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: PANTEL, DAVID  
Address: 17201 COLLINS AVE, # 708  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: DVP ( ) Delete  
Name: KELLEY, THOMAS S  
Address: 2867 KILKIERANE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309

Title: DST ( ) Delete  
Name: OWENS, CURT  
Address: 2909 KEW COURT  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete  
Name: BARTON, CHERYL  
Address: 405 PIONEER AVENUE  
City-St-Zip: LOWELL, AR 72745

Title: D ( ) Delete  
Name: KOENIG, RONALD M  
Address: 2136 LAMBERT LANE  
City-St-Zip: TALLAHASSEE, FL 32301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS S KELLEY

DVP

05/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date