
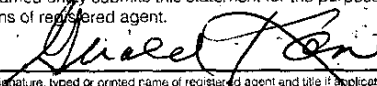
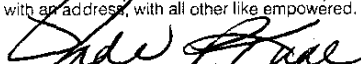


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90005 026 \*\*\*150.00

<b>DOCUMENT # J35778</b>			
1. Entity Name <b>INSTRUMENT SPECIALTIES, INC.</b>			
Principal Place of Business <b>3885 ST. JOHNS PARKWAY SANFORD, FL 32771 US</b>		Mailing Address <b>3885 ST. JOHNS PARKWAY SANFORD, FL 32771 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>KANE, GERALD 498 N PINE MEADOW DRIVE DEBARY, FL 32713</b>		7. Name and Address of New Registered Agent	
		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 		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KANE, GERALD</b>	NAME	
STREET ADDRESS	<b>498 N PINE MEADOW DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DEBARY, FL 32713</b>	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KANE, LYNDA</b>	NAME	
STREET ADDRESS	<b>498 N PINE MEADOW DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DEBARY, FL 32713</b>	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KANE, SHAWN</b>	NAME	
STREET ADDRESS	<b>616 CHARRICE PLACE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SANFORD, FL 32771</b>	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEVE CARISM</b>	NAME	<b>STEVE CHISM</b>
STREET ADDRESS	<b>653 OAK HOLLOW WAY</b>	STREET ADDRESS	<b>LAST NAME!</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS, FL 32714</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 		Date: <b>3-10-04</b> Daytime Phone # <b>407-331-7800</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SECRETARY / TRUSTEE	

**54018025**



03042004 Chg-P CR2E034 (10/03)

4. FEI Number **59-2751809** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

X 118