

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J35778

FILED
Jul 01, 2005
Secretary of State

Entity Name: INSTRUMENT SPECIALTIES, INC.

Current Principal Place of Business:

3885 ST. JOHNS PARKWAY
SANFORD, FL 32771 US

New Principal Place of Business:

Current Mailing Address:

3885 ST. JOHNS PARKWAY
SANFORD, FL 32771 US

New Mailing Address:

FEI Number: 59-2751809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KANE, GERALD
498 N PINE MEADOW DRIVE
DEBARY, FL 32713 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: PD () Delete
Name: KANE, GERALD,
Address: 498 N PINE MEADOW DRIVE
City-St-Zip: DEBARY, FL 32713

Title: ST () Delete
Name: KANE, LYNDIA,
Address: 498 N PINE MEADOW DRIVE
City-St-Zip: DEBARY, FL 32713

Title: V () Delete
Name: KANE, SHAWN
Address: 616 CHARRICE PLACE
City-St-Zip: SANFORD, FL 32771

Title: VP () Delete
Name: CHISM, STEVE
Address: 653 OAK HOLLOW WAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LYNDIA KANE

ST

07/01/2005

Electronic Signature of Signing Officer or Director

Date