

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 375113

1. Entity Name
INDUSTRIAL SPECIALTIES, INC.



Principal Place of Business

**4201 NW OAK CIRCLE UNIT 47
BOCA RATON, FL 33431**

Mailing Address

**4201 NW OAK CIRCLE UNIT 47
BOCA RATON, FL 33431**

DO NOT WRITE IN THIS SPACE

02192005 No Chg-P CR2E034 (10/03)

4. FCI Number
59-1349685

Approved For
Not Approved

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRACK, FRANK
87 LAREDO LANE
BOCA RATON, FL 33487**

**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 of the individual or entity submitting this statement

Signature of the individual or entity submitting this statement

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

1100000253829
03/07/05-80050-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BRACK, FRANK
STREET ADDRESS	87 LAREDO LANE
CITY ST ZIP	BOCA RATON, FL
TITLE	ST
NAME	BRACK, BARBARA
STREET ADDRESS	87 LAREDO LANE
CITY ST ZIP	BOCA RATON, FL
TITLE	DV
NAME	BRACK, BARBARA
STREET ADDRESS	87 LAREDO LANE
CITY ST ZIP	BOCA RATON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 supplementary 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 a other, or empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAY MONTH YEAR