

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000003943

1. Entity Name

NATIONAL INSTITUTE FOR SCHOOL & WORKPLACE  
SAFETY, INCORPORATED



Principal Place of Business

120 INTERNATIONAL PARKWAY STE. 220  
HEATHROW, FL 32746

Mailing Address

120 INTERNATIONAL PARKWAY STE. 220  
HEATHROW, FL 32746

2. Principal Place of Business

257 Plaza Drive

3. Mailing Address

same

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

City & State

Oviedo FL

City & State

Zip

32765

Country

USA

Zip

Country

6. Name and Address of Current Registered Agent

BURHOE, STEVEN  
120 INTERNATIONAL PARKWAY STE. 220  
HEATHROW, FL 32746

Name

Street Address (P.O. Box Number is Not Acceptable)

257 Plaza Drive, Suite B

City Oviedo

FL

Zip Code 32765

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP  Delete  
NAME BURHOE, STEVEN  
STREET ADDRESS 4514 SADDLEWORTH CIRCLE  
CITY-ST-ZIP ORLANDO, FL 32826

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VC  Delete  
NAME HALBIG, WOLFGANG  
STREET ADDRESS 1821 CRANBERRY ISLE WAY  
CITY-ST-ZIP APOPKA, FL 32712

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/17/04 407-366-4878  
Date Daytime Phone #