

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. Suite B	
City & State Oviedo FL		City & State Oviedo FL	
Zip 32765		Country U.S.A	
6. Name and Address of Current Registered Agent BURHOE, STEVEN 120 INTERNATIONAL PARKWAY STE. 220 HEATHROW, FL 32746		7. Name and Address of New Registered Agent 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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP BURHOE, STEVEN 4514 SADDLEWORTH CIRCLE ORLANDO, FL 32826	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC HALBIG, WOLFGANG 1821 CRANBERRY ISLE WAY APOPKA, FL 32712	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Robert Greger 16682 Bobcat Dr. Ft. Myers FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Steven C. Jones 1740 Persimmon Dr, #100 Naples FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200043536012 12/20/04--01068--013 **43.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200043536012 01/20/05--01039--013 **17.50
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:		12/17/04 407-366-4878 <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12172004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3590349 Applied For Not Applicable

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