


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # J35778 1. Entity Name INSTRUMENT SPECIALTIES, INC.	
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Principal Place of Business 3885 ST. JOHNS PARKWAY SANFORD, FL 32771 US	Mailing Address 3885 ST. JOHNS PARKWAY SANFORD, FL 32771 US
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DO NOT WRITE IN THIS SPACE



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2751809	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KANE, GERALD 3885 ST. JOHNS PARKWAY SANFORD, FL 32771
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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)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000781546 01/15/08-80038-019 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO KANE, GERALD 3885 ST. JOHNS PARKWAY SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KANE, TRICIA 3885 ST. JOHNS PARKWAY SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KANE, SHAWN 3885 ST. JOHNS PARKWAY SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHISM, ARTHUR STEVE 3885 ST. JOHNS PARKWAY SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 <u>Tricia Kane</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>1-10-08</u> Daytime Phone # <u>4073247800</u>