

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90281 037 ****55.00

DOCUMENT # L03000006494

1. Entity Name

ORANGE-OSCEOLA SAFETY INSTITUTE, LLC



Principal Place of Business

1637 EAST VINE STREET,
KISSIMMEE FL 34744

Mailing Address

1637 EAST VINE STREET,
KISSIMMEE FL 34744

24014219



MOORE

CR2E083 (11/03)

2. Principal Place of Business

1637 EAST VINE ST

Suite, Apt. #, etc.

SUITE 102

3. Mailing Address

1637 EAST VINE ST.

Suite, Apt. #, etc.

SUITE 102

City & State

KISSIMMEE, FL

City & State

KISSIMMEE FL

Zip

34744

Country

OSCEOLA

Zip

34744

Country

OSCEOLA

4. FEI Number

59-3707713

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

— IWANSKI, FRAN —
1637 EAST VINE STREET
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

Name IWANSKI, FRAN

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

1637 E. VINE STREET

SUITE 102

City

KISSIMMEE

FL

Zip Code

34744

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

Frantz L Iwanski

2/20/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS / CHANGES

TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREGORY F. IWANSKI	
STREET ADDRESS	917 JASMINE ST	
CITY - ST - ZIP	CELEBRATIONS, FL 34747	
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLLY K. IWANSKI	
STREET ADDRESS	917 JASMINE ST	
CITY - ST - ZIP	CELEBRATION, FL 34747	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Frantz L Iwanski

2/20/04

(407) 566-8713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #