

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L17911

FILED
Apr 30, 2005
Secretary of State

Entity Name: OCCUPATIONAL SAFETY TRAINING, INC.

Current Principal Place of Business:

3813 E WESTWIND CT
INVERNESS, FL 34453 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 28
INVERNESS, FL 34451 US

New Mailing Address:

FEI Number: 59-2971841

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEAUDRY, JOHN G.
3813 EAST WEST WIND CT
INVERNESS, FL 34453 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BEAUDRY, JOHN G.,
Address: 3813 E WESTIND CT
City-St-Zip: INVERNESS, FL 34453

Title: VD () Delete
Name: BEAUDRY, SHARON K.,
Address: 3813 E WESTWIND CT
City-St-Zip: INVERNESS, FL 34453

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN G. BEAUDY

PD

04/30/2005

Electronic Signature of Signing Officer or Director

Date