

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 20, 2005 8:00 am
Secretary of State

06-20-2005 90001 045 ****61.25

DOCUMENT # N03000003517

1. Entity Name
**INTERNATIONAL SOCIETY OF PROFESSIONAL
THERMOGRAPHERS, INC.**



Principal Place of Business
**996 WESTWOOD SQUARE
SUITE 5
OVIEDO, FL 32765**

Mailing Address
**POST OFFICE BOX 1275
GENEVA, FL 32730**

DO NOT WRITE IN THIS SPACE



01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**LEITCH, DOUGALD B
996 WESTWOOD SQUARE
SUITE 5
OVIEDO, FL 32765**

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
KING, TIM
4175 LAKE HARNEY CIRCLE
GENEVA, FL 32732**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ALLEN, LEE
1139 WEST OLD #4 HIGHWAY
COWARD, SC 29530**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
STOCKTON, GREG VCHRM
8472 WALKER MILL ROAD
RANDLEMAN, NC 27312**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
KLEINFELD, JACK VCHRM
4011 HILLMAN AVENUE
BRONX, NY 10463**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
FITZPATRICK, JOE
2758 LYNN STREET
FEDERICK, MD 21704**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 617, 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:

Tim King
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-1-05
Date

321-867-1872
Daytime Phone #