2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90164 028 ***150.00

DOCUMENT # P02000038402

1. Entity Name
INTERNATIONAL SAFETY CONSULTANTS, INC.

Principal Place of Business
POST OFFICE BOX 1210
FORT MYERS, FL 33902

Mailing Address
POST OFFICE BOX 1210
FORT MYERS, FL 33902

2000 0324

04072005 Chg-P CR2E034 (10/03)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 51-0428527 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
GONZALO, NELSON A
~~2811 SE 5TH COURT~~
~~CAPE CORAL, FL 33904~~
3038 SW 14th Avenue
Cape Coral, FL 33914

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Address Change Only
City FL Zip Code

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

FILE NOW!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VD ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	GONZALO, NELSON A	NAME	
STREET ADDRESS	~~2811 SE 5TH COURT~~ Address	STREET ADDRESS	3038 SW. 14th Avenue
CITY-ST-ZIP	~~CAPE CORAL, FL 33904~~ Change	CITY-ST-ZIP	Cape Coral, FL 33914
TITLE	P ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	GERSTNER, TIMOTHY S	NAME	
STREET ADDRESS	~~2210 PECK STREET~~ "	STREET ADDRESS	534 SE 34 Street
CITY-ST-ZIP	~~FORT MYERS, FL 33901~~	CITY-ST-ZIP	Cape Coral, FL 33904
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GONZALO, NELSON A	NAME	
STREET ADDRESS	~~2811 SE 5TH COURT~~ "	STREET ADDRESS	3038 SW 14th Avenue
CITY-ST-ZIP	~~CAPE CORAL, FL 33904~~	CITY-ST-ZIP	Cape Coral, FL 33914
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KOLAK, ALLAN	NAME	
STREET ADDRESS	P.O. BOX 150554	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 33915	CITY-ST-ZIP	
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MATHEUS, FRANTZ G	NAME	
STREET ADDRESS	~~706 7TH STREET~~ "	STREET ADDRESS	406 7th Street
CITY-ST-ZIP	LEHIGH ACRES, FL 33970	CITY-ST-ZIP	Lehigh Acres, FL. 33970
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: F. Matheus 04-029-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Frantz G. Matheus