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	Mailing Address
POST OFFICE BOX 1210 FORT MYERS, FL 33902	POST OFFICE BOX 1210 FORT MYERS, FL 33902

200033624

04072005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	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	7. Name and Address of New Registered Agent
GONZALO, NELSON A ~~2811 SE 5TH COURT~~ 3038 SW 14th Avenue ~~CAPE CORAL, FL 33904~~ Cape Coral, FL 33914	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GONZALO, NELSON A ~~2811 SE 5TH COURT~~ Address ~~CAPE CORAL, FL 33904~~ Change	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 3038 SW. 14th Avenue Cape Coral, FL 33914
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GERSTNER, TIMOTHY S ~~2210 PECK STREET~~ " ~~FORT MYERS, FL 33901~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 534 SE 34 Street Cape Coral, FL 33904
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GONZALO, NELSON A ~~2811 SE 5TH COURT~~ " ~~CAPE CORAL, FL 33904~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 3038 SW 14th Avenue Cape Coral, FL 33914
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KOLAK, ALLAN P.O. BOX 150554 CAPE CORAL, FL 33915	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MATHEUS, FRANTZ G ~~706 7TH STREET~~ " LEHIGH ACRES, FL 33970	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 406 7th Street Lehigh Acres, FL. 33970
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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