2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2005
Secretary of State

DOCUMENT# P03000068970

Entity Name: FLEET RISK AND SAFETY CONSULTING, INC.

Current Principal Place of Business:

1372 HARVARD CIRCLE #7
PALM BAY, FL 32905

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 60657
PALM BAY, FL 32906

New Mailing Address:

FEI Number: 57-1175971 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KIESTER, CATHERINE S
1372 HARVARD CIRCLE #7
PALM BAY, FL 32905 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	CEO	( ) Delete
Name:	KIESTER, CATHERINE S	
Address:	1372 HARVARD CIRCLE #7	
City-St-Zip:	PALM BAY, FL 32905	
Title:	PT	( ) Delete
Name:	KIESTER, CATHERINE S	
Address:	1372 HARVARD CIRCLE #7	
City-St-Zip:	PALM BAY, FL 32905	
Title:	VP	( ) Delete
Name:	KIESTER, KRISTYN	
Address:	1111 BUCKINGHAM	
City-St-Zip:	WYOMING, MI 49509	
Title:	S	( ) Delete
Name:	KIESTER, MICHELLE	
Address:	45935 SPRING LANE	
City-St-Zip:	UTICA, MI 48317	
Title:	D	( ) Delete
Name:	POULIOT, PETER	
Address:	1372 HARVARD CIRCLE #7	
City-St-Zip:	PALM BAY, FL 32905	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: CATHERINE S KIESTER CEO 08/30/2005

Electronic Signature of Signing Officer or Director Date