2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000017997

1. Entity Name
OCCUPATIONAL SAFETY AND HEALTH CONSULTANTS, INC.

Principal Place of Business	Mailing Address
12000 6TH STREET EAST	12000 6TH STREET EAST
ST PETERSBURG, FL 33706 US	ST PETERSBURG, FL 33706 US

DO NOT WRITE IN THIS SPACE

01042007   No Chg-P   CR2E034 (11/05)

4. FEI Number
59-3352339

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WHITE, THOMAS E
12000 6TH STREET E
ST PETERSBURG, FL 33706

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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, 2007 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	WHITE, THOMAS E
STREET ADDRESS	12000 6TH STREET EAST
CITY-ST-ZIP	ST PETERSBURG, FL 33706

TITLE	
NAME	
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CITY-ST-ZIP	

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01/08/07-80005-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____Thomas E. White_____ 1-4-07 _____ (727) 345-1552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #