

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90291 040 ***150.00

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| DOCUMENT # P99000022008 | | | | | |
| 1. Entity Name NATIONAL REGISTRY OF FOOD SAFETY PROFESSIONALS, INC. | | | | | |
| Principal Place of Business 5728 MAJOR BLVD SUITE 750 ORLANDO, FL 32819 | | | Mailing Address 5728 MAJOR BLVD SUITE 750 ORLANDO, FL 32819 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent COTTRILL, CHRIS 110 E HILLCREST ST ORLANDO, FL 32801 | | | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | * Vice Chairman COX, DAVID B 1200 EAST HILLCREST ST; SUITE 300 ORLANDO, FL 32803 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | * Board member Ammons, Rosemary 5728 Major Blvd; Suite 750 Orlando, FL 32819 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | * Chairman LINGARD, CHRIS 5728 MAJOR BLVD; SUITE 750 ORLANDO, FL 32819 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | * Board member Bailey, Michael 5728 Major Blvd; Suite 750 Orlando, FL 32819 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | M HAVERSON, NIGEL 5728 MAJOR BLVD; SUITE 750 ORLANDO, FL (32803) 32819 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | * Board member Phillips, Andrew 5728 Major Blvd; Suite 750 Orlando, FL 32819 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | * Board member MCSWANE, DAVID 5728 MAJOR BLVD; SUITE 750 ORLANDO, FL (32803) 32819 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | * Board member Young, Stephen 5728 Major Blvd; Suite 750 Orlando, FL 32819 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | * Vice Chairman MURALI, KRIS 5728 MAJOR BLVD; SUITE 750 ORLANDO, FL (32803) 32819 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Lynch, Lawrence J. 5728 Major Blvd; Suite 750 Orlando, FL 32819 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | * Board member SLEE, GRAHAM 5728 MAJOR BLVD; SUITE 750 ORLANDO, FL (32803) 32819 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: 4/12/2005 907-572-3830 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |