


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L17911**  
 1. Entity Name  
**OCCUPATIONAL SAFETY TRAINING, INC.**



Principal Place of Business      Mailing Address  
**3813 E WESTWIND CT**      **P.O. BOX 28**  
**INVERNESS, FL 34453 US**      **INVERNESS, FL 34451 US**

**DO NOT WRITE IN THIS SPACE**



08232004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-2971841**      Not Applicable

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

**8. Name and Address of Current Registered Agent**  
**BEAUDRY, JOHN G.**  
**3813 EAST WEST WIND CT**  
**INVERNESS, FL 34453**

**DO NOT WRITE IN THIS SPACE**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE: PD  
 NAME: BEAUDRY, JOHN G.  
 STREET ADDRESS: 3813 E WESTIND CT  
 CITY-ST-ZIP: INVERNESS, FL 34453

TITLE: VD  
 NAME: BEAUDRY, SHARON K.  
 STREET ADDRESS: 3813 E WESTWIND CT  
 CITY-ST-ZIP: INVERNESS, FL 34453

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

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**DO NOT WRITE IN THIS SPACE**

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *John G. Beaudry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/26/04*      *352 344-4320*  
Date      Daytime Phone #