

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M87903

FILED  
Jan 08, 2008  
Secretary of State

Entity Name: AMERICAN SAFETY FIRST, INC.

## Current Principal Place of Business:

%KATHLEENMARYSAYLOR  
1335 BENNETT DR., SUITE 129  
LONGWOOD, FL 327504966

## New Principal Place of Business:

## Current Mailing Address:

% KATHLEEN MARY SAYLOR  
1335 BENNETT DR., SUITE 129  
LONGWOOD, FL 327504966

## New Mailing Address:

%KATHLEENMARYSAYLOR  
1335 BENNETT DR., SUITE 129  
LONGWOOD, FL 327504966

FEI Number: 59-2899911

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SAYLOR, KATHLEEN MARY  
1335 BENNETT DR., SUITE 129  
LONGWOOD, FL 327504966 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VPS ( ) Delete  
Name: SAYLOR, DANIEL A.,  
Address: 1335 BENNETT DR.  
City-St-Zip: LONGWOOD, FL 32750

Title: PRES ( ) Delete  
Name: SAYLOR, KATHLEEN M  
Address: 1335 BENNETT DR.  
City-St-Zip: LONGWOOD, FL 32750

Title: DT ( ) Delete  
Name: SAYLOR KATHLEEN MARY,  
Address: 1335 BENNETT DRIVE  
City-St-Zip: LONGWOOD, FL 32750

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPS (X) Change ( ) Addition  
Name: SAYLOR, DANIEL A.,  
Address: 1335 BENNETT DR. SUITE 129  
City-St-Zip: LONGWOOD, FL 32750

Title: PRES (X) Change ( ) Addition  
Name: SAYLOR, KATHLEEN M  
Address: 1335 BENNETT DR. SUITE 129  
City-St-Zip: LONGWOOD, FL 32750

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KATHLEEN M. SAYLOR

PRES

01/08/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date