

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000001544

1. Entity Name
AMERICAN SAFETY, INCORPORATED



FILED

04 APR 29 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9030 W. FORT ISLAND TRAIL
BUILDING #9, SUITE C
CRYSTAL RIVER, FL 34429

Mailing Address
9030 W. FORT ISLAND TRAIL
BUILDING #9, SUITE C
CRYSTAL RIVER, FL 34429



2. Principal Place of Business
9009 Mahan Drive
Suite, Apt. #, etc.
Suite 501

3. Mailing Address
9009 Mahan Drive
Suite, Apt. #, etc.
501

03112004 Chg-NP CR2E037 (10/03)

City & State
Tallahassee, FL

City & State
Tallahassee, FL

4. FEI Number Applied For
Not Applicable

Zip 32309 Country USA

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

6. Name and Address of Current Registered Agent
CASSIDY, CATHERINE R
9030 W. FORT ISLAND TRAIL
BUILDING #9, SUITE C
CRYSTAL RIVER, FL 34429

7. Name and Address of New Registered Agent
Name: Cassidy Catherine R.
Street Address (P.O. Box Number is Not Acceptable):
9009 Mahan Drive
Suite 501
Tallahassee, FL 32309

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 4/29/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	Catherine Rooks Cassidy	9009 Mahan Dr, Suite 501	Tallahassee, FL 32309	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	500035733889	05/07/04--01019--022	**61.25	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 617, 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:

DATE 4/29/04 DAY/PHONE # 800/800-7121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAY/PHONE #