


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N95000002807</b> 1. Entity Name <b>AMERICAN SAFETY INSTITUTE, INC.</b>	
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FILED  
 04 APR 29 AM 9 34  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business 9030 W. FT. ISLAND TRAIL BLDG. 9 SUITE C CRYSTAL RIVER, FL 34429	Mailing Address 9030 W. FT. ISLAND TRAIL BLDG. 9 SUITE C CRYSTAL RIVER, FL 34429
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2. Principal Place of Business 9009 Mahan Drive Suite, Apt. #, etc. Suite 501	3. Mailing Address 9009 Mahan Drive Suite, Apt. #, etc. 501
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03112004 Chg-NP CR2E037 (10/03)

City & State Tallahassee, FL Zip 32309 Country USA	City & State Tallahassee, FL Zip 32309 Country USA
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4. FEI Number 59-3316598	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CROWLEY, KEVIN X 215 S MONROE ST 2ND FL TALL, FL 32301
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE PD <input type="checkbox"/> Delete NAME CASSIDY, BART STREET ADDRESS 9030 W. FT. ISLAND TRAIL CITY-ST-ZIP CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD <input type="checkbox"/> Delete NAME CASSIDY, CATHERINE R STREET ADDRESS 9030 W. FT. ISLAND TRAIL CITY-ST-ZIP CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D <input type="checkbox"/> Delete NAME ALLEN, BERTA STREET ADDRESS 9030 W. FT. ISLAND TRAIL CITY-ST-ZIP CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME CASSIDY, BART STREET ADDRESS 9009 Mahan Drive, Suite 501 CITY-ST-ZIP Tallahassee, FL 32309	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME CASSIDY, CATHERINE R STREET ADDRESS 9009 Mahan Drive Suite 501 CITY-ST-ZIP Tallahassee, FL 32309	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Allen, Bertha STREET ADDRESS 9009 W Mahan Drive, Suite 501 CITY-ST-ZIP Tallahassee, Florida 32309	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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 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:** Cathy 4/28/04 850/681-7233  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #