


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000002807
 1. Entity Name
AMERICAN SAFETY INSTITUTE, INC.



Principal Place of Business Mailing Address
 9009 MAHAN DRIVE, STE. 501 9009 MAHAN DRIVE, STE. 501
 TALLAHASSEE, FL 32309 US TALLAHASSEE, FL 32309 US

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FILED

05 APR 21 PM 2: 20

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



04122005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3316598	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 CROWLEY, KEVIN X
 215 S MONROE ST
 2ND FL
 TALL, FL 32301

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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, 2005

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASSIDY, BART 9009 MAHAN DRIVE, STE. 501 TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CASSIDY, CATHERINE R 9009 MAHAN DRIVE, STE. 501 TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, BERT 9009 MAHAN DRIVE, STE. 501 TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

300052148353
 04/26/05--01067--012 **\$61.25

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4/20/05

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: *Catherine R. Cassidy* 4/20/05 850/681-7233
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Catherine R. Cassidy