

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002807

FILED
Mar 19, 2008
Secretary of State

Entity Name: AMERICAN SAFETY INSTITUTE, INC.

Current Principal Place of Business:

9009 MAHAN DRIVE, STE. 501
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

9009 MAHAN DRIVE, STE. 501
TALLAHASSEE, FL 32309 US

New Mailing Address:

FEI Number: 59-3316598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROWLEY, KEVIN X
215 S MONROE ST
2ND FL
TALL, FL 32301 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CASSIDY, BART
Address: 9009 MAHAN DRIVE, STE. 501
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: VD (X) Delete
Name: CASSIDY, CATHERINE R
Address: 9009 MAHAN DRIVE, STE. 501
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: D () Delete
Name: ROOKS, JR., HERCHEL
Address: 4372 NE FLOWERS ROAD
City-St-Zip: MADISON, FL 32340 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVD (X) Change () Addition
Name: CASSIDY, CATHERINE
Address: 9009 MAHAN DRIVE, STE. 501
City-St-Zip: TALLAHASSEE, FL 32309 US

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

Title: D (X) Change () Addition
Name: ROOKS, JR., HERSCHEL
Address: 4372 NW FLOWERS ROAD
City-St-Zip: MADISON, FL 32340 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE CASSIDY

PVD

03/19/2008

Electronic Signature of Signing Officer or Director

_____ Date