2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000097507

1. Entity Name
SAFETYCERTIFIED.COM, INC.

Principal Place of Business	Mailing Address
1536 KINGSLEY AVENUE SUITE 126 ORANGE PARK, FL 32073	1536 KINGSLEY AVENUE SUITE 126 ORANGE PARK, FL 32073

DO NOT WRITE IN THIS SPACE

01312005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3675609
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, GRADY H JR
1279 KINGSLEY AVE, STE 117
ORANGE PARK, FL 32073

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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 N/A
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

000001216749
02/05/05-80061-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MORAN, MARK
STREET ADDRESS	1536 KINGSLEY AVE STE 126
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	D
NAME	COWMAN, RICK E
STREET ADDRESS	1536 KINGSLEY AVE STE 126
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	D
NAME	MCLANE, CHARLES E JR
STREET ADDRESS	1536 KINGSLEY AVE STE 126
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 607, 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: Rick Cowman Rick Cowman 1-31-05 800-597-2040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #