


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90689 023 ***150.00

DOCUMENT # P02000122759
 1. Entity Name
SAFE HOME SECURITY, INCORPORATED




Principal Place of Business Mailing Address
13965 COLLIER BLVD **13965 COLLIER BLVD**
NAPLES, FL 34119 US **NAPLES, FL 34119 US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04172004 Chg-P CR2E034 (10/03)
 4. FEI Number Applied For
06-1660210 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SOBEL, RAYMOND M JR
13965 COLLIER BLVD
NAPLES, FL 34119

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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: _____
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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SOBEL, RAYMOND M JR	
STREET ADDRESS	13965 COLLIER BLVD	
CITY-ST-ZIP	NAPLES, FL 34119	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KENNEDY, NORMAN M	
STREET ADDRESS	4251 GULFSTREAM DRIVE	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	TREA	<input type="checkbox"/> Delete
NAME	WIEDER, EDWARD W	
STREET ADDRESS	27321 S.W. 164 TH COURT	
CITY-ST-ZIP	HOMESTEAD, FL 33031	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	BUCKENMYER, JOEL D	
STREET ADDRESS	1811 CREST STREET	
CITY-ST-ZIP	HASLETT, MI 48840	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:  **Ray Sobel Jr.** **4/29/04** **239 455 1193**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #