

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000017131

FILED
Mar 09, 2005
Secretary of State

Entity Name: AMERICAN SAFETY SOLUTIONS, INC.

Current Principal Place of Business:

1211 BRANDA VISTA DR.
BRANDON, FL 33510

New Principal Place of Business:

Current Mailing Address:

1211 BRANDA VISTA DR.
BRANDON, FL 33510

New Mailing Address:

FEI Number: 84-1636508 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEEKINS, WILLIAM L
1211 BRANDA VISTA DR.
BRANDON, FL 33510 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MEEKINS, WILLIAM L
Address: 1211 BRANDA VISTA DR.
City-St-Zip: BRANDON, FL 33510

Title: D () Delete
Name: MEEKINS, MARY E
Address: 1211 BRANDA VISTA DR.
City-St-Zip: BRANDON, FL 33510

Title: D () Delete
Name: NEAL, WILLIAM R
Address: 1655 E. CLASSICAL BLVD.
City-St-Zip: DELRAY BCH, FL 33445

Title: D () Delete
Name: NEAL, ERIN D
Address: 1655 E. CLASSICAL BLVD.
City-St-Zip: DELRAY BCH, FL 33445

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: NEAL, WILLIAM R
Address: 1783 TEREX CIRCLE
City-St-Zip: CANTONMENT, FL 32533

Title: D (X) Change () Addition
Name: NEAL, ERIN D
Address: 1783 TEREX CIRCLE
City-St-Zip: CANTONMENT, FL 32533

Title: D () Change (X) Addition
Name: MEDINA, ERNESTO
Address: 1911 SE 10TH STREET
City-St-Zip: HOMESTEAD, FL 33035

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM R. NEAL

D

03/09/2005

Electronic Signature of Signing Officer or Director

_____ Date