

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000017131

FILED  
Jan 02, 2008  
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: PRES ( ) Delete  
Name: MEEKINS, WILLIAM L  
Address: 1211 BRANDA VISTA DR.  
City-St-Zip: BRANDON, FL 33510

Title: EVP ( ) Delete  
Name: NEAL, WILLIAM R  
Address: 1783 TEREX CIRCLE  
City-St-Zip: CANTONMENT, FL 32533

Title: VP (X) Delete  
Name: MEDINA, ERNESTO J  
Address: 1911 SE 10TH STREET  
City-St-Zip: HOMESTEAD, FL 33035

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: EVP (X) Change ( ) Addition  
Name: NEAL, WILLIAM R  
Address: 906 CROOKED CREEK DRIVE  
City-St-Zip: NEW BERN, NC 28560

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

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 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

EVP

01/02/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date