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2008 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P04000151321 1. Entity Name SAFEGUARD MAINTENANCE, INC. Principal Place of Business 116B POLO PARK EAST BLVD. DAVENPORT, FL 33897 Mailing Address 116B POLO PARK EAST BLVD. DAVENPORT, FL 33897

FILED Jan 31, 2008 08:00 A Secretary of State

No Chg-P 01092008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1850206 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. DO NOT WRITE 103 NORTH MERIDIAN ST. LOWER LEVEL IN THIS SPACE TALLAHASSEE, FL 32301 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstalling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE MCCARTHY, WILLIAM P NAME STREET ADDRESS 116B POLO PARK EAST BLVD DAVENPORT, FL 33897 CITY-ST-ZIP TITLE NAME U000000808847 STREET ADDRESS 02/07/08-80064-020 150.00 City-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

110/08

Daytime Phone #