

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000054804

FILED
Jul 07, 2004
Secretary of State

Entity Name: EVETON SAFETY SERVICES, INC.

Current Principal Place of Business:

3200 NW 104 AVE
SUNRISE, FL 333516827

New Principal Place of Business:

Current Mailing Address:

P O BOX 450087
SUNRISE, FL 33345087 US

New Mailing Address:

FEI Number: 65-0595139 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROSEN, DONALD K
3200 N.W. 104TH AVENUE
SUNRISE, FL 33351 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROSEN, EVELYNE J
Address: 3200 N.W. 104TH AVE
City-St-Zip: SUNRISE, FL 33351

Title: VPD () Delete
Name: ROSEN, DONALD K
Address: 3200 N.W. 104TH AVENUE
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DONALD K. ROSEN

VPD

07/07/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date