2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004583

Entity Name: S.A.F.E., INC.

FILED Jan 07, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4563 S ORANGE BLOSSOM TRAIL 5607 HANSEL AVENUE ORLANDO, FL 328391752 ORLANDO, FL 328094215

Current Mailing Address: New Mailing Address:

4563 S ORANGE BLOSSOM TRAIL 5607 HANSEL AVENUE ORLANDO, FL 328391752 ORLANDO, FL 328094215

FEI Number: 59-3735449 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HANKE, DOUGLAS P 330 W BEARSS AVENUE TAMPA, FL 336131228 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete BROWN, MARGARET W SEEBER, BRIAN R Name: Name:

4320 YORKTOWNE ROAD Address: 3740 HALF MOON DRIVE Address: City-St-Zip: ORLANDO, FL 32812 City-St-Zip: ORLANDO, FL 32812

Title: () Delete Title: (X) Change () Addition RASCH, ROBERT W Name: Name: NEUBAUER, GLENN R

Address: 701 LIVE OAK LANE Address: 5607 HANSEL AVENUE City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORLANDO, FL 32809

Title: (X) Delete Title: () Change () Addition

NEUBAUER, GLENN R Name: Name: 4563 S ORANGE BLOSSOM TRAIL Address: Address: City-St-Zip: ORLANDO, FL 328391752 City-St-Zip:

Title: DVP (X) Delete Title: () Change () Addition

Name: SAVERY, DONALD Name: Address: 4670 SOUTH HIGHWAY A1A Address: City-St-Zip: MELBOURNE BEACH, FL 32951 City-St-Zip:

Title: Title: DΡ (X) Delete () Change () Addition

SEEBER, BRAIN R Name: Name: 3740 HALF MOON DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32812 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN R SEEBER DP 01/07/2004