

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M87903

**Entity Name:** AMERICAN SAFETY FIRST, INC.

**Current Principal Place of Business:**

%KATHLEENMARYSAYLOR  
1335 BENNETT DR., SUITE 129  
LONGWOOD, FL 32750-4966

**Current Mailing Address:**

%KATHLEENMARYSAYLOR  
1335 BENNETT DR., SUITE 129  
LONGWOOD, FL 32750-4966

**FEI Number:** 59-2899911

**Certificate of Status Desired:** Yes

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

SAYLOR, KATHLEEN MARY  
1335 BENNETT DR., SUITE 129  
LONGWOOD, FL 32750-4966 US

*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

**Officer/Director Detail :**

Title VPS  
Name SAYLOR, DANIEL A.  
Address 1335 BENNETT DR. SUITE 129  
City-State-Zip: LONGWOOD FL 32750

Title PRES  
Name SAYLOR, KATHLEEN M  
Address 1335 BENNETT DR. SUITE 129  
City-State-Zip: LONGWOOD FL 32750

Title DT  
Name SAYLOR KATHLEEN MARY  
Address 1335 BENNETT DRIVE  
City-State-Zip: LONGWOOD FL 32750

*I hereby 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 all other like empowered.*

**SIGNATURE:** KATHLEEN MARY SAYLOR

**PRESIDENT**

**03/18/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date