

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000058372

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

**Current Principal Place of Business:**

3741 SW KASIN ST.  
PORT ST. LUCIE, FL 34953

**Current Mailing Address:**

P. O. BOX 880126  
PORT ST. LUCIE, FL 34988

**FEI Number: 65-1017434**

**Certificate of Status Desired: No**

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

LUPPENS, ELLEN E  
3741 SW KASIN ST.  
PORT ST. LUCIE, FL 34953 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 PD  
Name LUPPENS, ELLEN E  
Address 3741 SW KASIN ST.  
City-State-Zip: PORT ST. LUCIE FL 34953

Title AS  
Name LUPPENS, ELISE J  
Address 3741 SW KASIN ST.  
City-State-Zip: PORT ST. LUCIE FL 34953

*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: ELLEN LUPPENS**

**PRESIDENT**

**04/28/2014**

Electronic Signature of Signing Officer/Director Detail

Date