


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 532764**  
 1. Entity Name  
**WILLIAM BANKS, SAFE CO. INC.**



Principal Place of Business  
**6936 NW 72 AVENUE**  
**MIAMI, FL 33166-0036**

Mailing Address  
**6936 NW 72 AVENUE**  
**MIAMI, FL 33166-0036**



01312004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1744112**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RITCHIE, NINA F.**  
**6926 N W 72 AVE.**  
**MIAMI, FL 33166**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

00000030632  
 02/04/04-80117-011 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO WILLIAM EARL BANKS 6936 NW 72 AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DRAGIN, RICHARD ALLEN 6936 N W 72 AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RITCHIE, NINA F. 6936 NW 72 AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Nina F Ritchie* **NINA F Ritchie**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*secty-TAeAS* Date *1/30/04* Daytime Phone # *305-887-9811*