## Q05 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## CUMENT # 605874 پر

1. Entity Name



SAFETY PRODUCTS AND TECHNICAL SERVICES, INCORPORATED							Seei	cuity (		ıııc
Principal Plac	ce of Business	Mailın	g Address		<del>"</del> -					
426 GOVER	RNMENT ST	426 GOVERNMENT ST								
VALPARAISO FL 32580 VALPARAISO FL 32580						1				
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2. Principal f	Place of Business	3. Mailing Address								
D A		College Ann. N. ann.							***************************************	II IS LUUL
Suite, Apt	#, QIC.	Suite, Apt. #, etc.				1st MOORE CR2E034 (10/04)				
City & Sta	te	City & State				4. FEI Num	<sup>ber</sup> 59-1871794		Appli	ed For
		<del> </del> _	_ <del></del>	· <del></del>	Trot Applicable					
Zip	Country	Zip		Coun	itry	5. Certificat	te of Status Desired	☐ <b>\$8.7</b> 5	Additio	onal
	6. Name and Address of Current i	Registere	d Agent			7. Name an	nd Address of New Regi		quieu	
					Name					
CARDER, HAROLD D., JR.					Street Address (P O Box Number is Not Acceptable)					
	GOVERNMENT STREET LPARAISO FL 32580				Street Address (P O Box Number Is Not Acceptable)					
VAL	LFARAISO FL 32560								_	· —
					City		. <u> </u>	FL Zip	Code	
8 The above	e named entity submits this statement for	the num	nee of changing its	rogistor	ad office or registe	ared agent or h	onth in the State of Florids		with an	d accomt
	tions of registered agent.	ale parp	ose of changing its	egister	ad office of registe	ared agent, or b	out, it) the State of Florida	t rancianina	WILL ( ell)	d accebi
A1-1.151.1										
SIGNATURE	Signature, typed or printed name of registered agent a	no litte if appl	cable (NOTE	Registere	d Agent signature require	id when reinstating)	· <del></del> ,	DATE		
	FILE NOW!!! FEE IS \$150.00	1		<b></b>						
After May 1, 2005 Fee Will Be \$550.00							Election Campaign Trust Fund Contribu			Мау Ве
Make Chec	k Payable to Florida Department of	State					Trust Fund Contribu	ution 🔲	Added t	o Fees
10.	OFFICERS AND I	DIRECTO	RS	11.		ADDITIONS	CHANGES TO OFFICE	RS AND DIREC	TORS IN	N 11
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NAVIE OTDEET ADDODGO	CARDER, CHARDELL Y			NAMI			U000003277 04/25/05-8009	:2-nng 15	m 80	
STREET ADDRESS CITY-ST-ZIP	426 GOVERNMENT STREET   VALPARAISO, FLORIDA32580		2	ET ADDRESS - ST- ZIP	an car do popac and 190100					
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NAME	CARDER, HAROLD D JR		☐ Delete	NAM	l			☐ Cha	niñe [	Addition
STREET ADDRESS	426 GOVERNMENT STREET				ET ADORESS					
CITY-ST ZIP	VALPARAISO, FLORIDA32580			CITY	ST-ZIP					
DILL	VP		☐ Delete	njut				Cha	nge [	Addition
NAME .	OBERHAUS, TIMOTHY A			NAME	l l					
STREET ADDRESS CITY ST-ZIP	426 GOVERNMENT ST.				ET ADORESS · ST · ZIP					
	VALPARAISO FL			<b></b>						
NAME			☐ Delete	THE	- 1			☐ Cha	ng <del>e</del> L	Addition
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City St-ZiP				ÇII Y	ST-ZIP					
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NAME STREET ACORESS				NAME STREE	ET ADDRESS					
CITY ST ZIP	1				ST ZIP					
	cartify that the information supplied with							<del> </del>		

indicated on this report or supplied with rules littly dues not quality for the exemption stated in Section 119.07(3)(), 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 of 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 an other like empowered.