

# 005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 605874

1. Entity Name

SAFETY PRODUCTS AND TECHNICAL SERVICES,  
INCORPORATED



Principal Place of Business

426 GOVERNMENT ST  
VALPARAISO FL 32580

Mailing Address

426 GOVERNMENT ST  
VALPARAISO FL 32580

2. Principal Place of Business

3. Mailing Address



1st MOORE

CR2E034 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1871794

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARDER, HAROLD D., JR.  
426 GOVERNMENT STREET  
VALPARAISO FL 32580

Name

Street Address (P O Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VS  
NAME CARDER, CHARDELL Y  
STREET ADDRESS 426 GOVERNMENT STREET  
CITY- ST- ZIP VALPARAISO, FLORIDA 32580

TITLE PTD  
NAME CARDER, HAROLD D JR  
STREET ADDRESS 426 GOVERNMENT STREET  
CITY- ST- ZIP VALPARAISO, FLORIDA 32580

TITLE VP  
NAME OBERHAUS, TIMOTHY A  
STREET ADDRESS 426 GOVERNMENT ST.  
CITY- ST- ZIP VALPARAISO FL

TITLE  
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CITY- ST- ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 an other like empowered

SIGNATURE:

*Timothy A Oberhaus* + TIMOTHY A OBERHAUS

4-21-05 (850) 678-1832

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #