2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 768993

1. Entity Name

SAFE HOUSE, INC.

Principal Place of Business	Mailing Address
2114 INDIAN AVE N BELLEAIR BLUFFS FL 33770 US	P.O. BOX 1472 LARGO FL 33779 US

1st MOORE CR2E037 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2388779 ☐ Applied For ☐ Not Applicable

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
PALMQUIST, AL 2114 INDIAN AVE N BELLEAIR BLUFFS FL 33770	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 $61.25
Due By May 1, 2006

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

Make Check Payable to *Florida Department of State*

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Add
NAME	PALMQUIST, AL		NAME	U00000432195	
STREET ADDRESS	2114 INDIAN AVE N		STREET ADDRESS	02/23/06-80066-018 61.25	
CITY-ST-ZIP	BELLEAIR BLUFFS FL		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE		☐ Change ☐ Add
NAME	MCCUTCHEN,JOE		NAME		
STREET ADDRESS	185 MILLCREST DR		STREET ADDRESS		
CITY-ST-ZIP	COVINGTON GA 30016		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Add
NAME	HOPE, KENNETH		NAME		
STREET ADDRESS	1015 SANDY TERRACE CT		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Add
NAME	PALMQUIST, GAYLE		NAME		
STREET ADDRESS	2114 INDIAN AVE N		STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR BLUFFS FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or an attachment with any address, with all other like empowered.

SIGNATURE AL Palmquist 1/8/06 (727)588-0444