

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003624

Entity Name: AAA SAFETY, INC.

FILED  
Feb 03, 2004  
Secretary of State

**Current Principal Place of Business:**

6249 DILLINGHAM AVENUE  
SHREVEPORT, LA 71106

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3296  
SHREVEPORT, LA 71133

**New Mailing Address:**

FEI Number: 72-1463510

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CAPITAL CONNECTION, INC.  
417 EAST VIRGINIA STREET  
TALLAHASSEE, FL 32301 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PCD ( ) Delete  
Name: CAMP, JAMES L  
Address: 6249 DILLINGHAM AVENUE  
City-St-Zip: SHREVEPORT, LA 71106

Title: ST ( ) Delete  
Name: CAMP, BETTY J  
Address: 6249 DILLINGHAM AVENUE  
City-St-Zip: SHREVEPORT, LA 71106

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JAMES L. CAMP

PCD

02/03/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date