

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90021 007 ***150.00

DOCUMENT # F01000000690

1. Entity Name

SAFELIGHT INTERNATIONAL, INC.



Principal Place of Business

14040 SCHULTZ RD.
FT. MYERS FL 33908

Mailing Address

14040 SCHULTZ RD.
FT. MYERS FL 33908



2. Principal Place of Business

511 DANLEY RD.
Suite, Apt. #, etc.

3. Mailing Address

14521 OCEAN BLUFF
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

FORT MYERS, FL

City & State

FORT MYERS, FL

4. FEI Number

65-1057835

Applied For

Not Applicab

Zip

33907

Country

Zip

33908

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARSONS, CHARLES F
14040 SCHULTZ RD.
FT. MYERS FL 33908

7. Name and Address of New Registered Agent

Name CHARLES F. PARSONS

Street Address (P.O. Box Number is Not Acceptable)

14521 OCEAN BLUFF

City

FORT MYERS

FL

Zip Code

33908

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

Charles F. Parsons

(NOTE: Registered Agent signature required when reinstating)

DATE

3-17-05

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 B
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD ☐ Delete
NAME PARSONS, CHARLES F
STREET ADDRESS 14040 SCHULTZ RD. 14521 OCEAN BLUFF
CITY-ST-ZIP FT. MYERS FL 339

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Additio
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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:

Charles F. Parsons

3-17-05

239-454-9800