

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 02, 2007 8:00 am**  
**Secretary of State**

08-02-2007 90012 046 \*\*\*150.00

DOCUMENT # F06000005637

1. Entity Name  
SAFE CONTRACTING INC.



Principal Place of Business  
8020 SUNRISE LAKES DR. N.  
BUILDING 25-205  
SUNRISE, FL 33322

Mailing Address  
1160 SARAH JEAN CIRCLE #103  
NAPLES, FL 34110

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

8020 Sunrise Lakes Dr. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Building 25-205 dm.

City & State

City & State

Sunrise FL

Zip

Country

Zip

33322

Country

USA

05292007

Chg-P

CR2E034 (12/06)

4. FEI Number  
11-2927544

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

SW PROF. SERVICES  
13571 MCGREGOR BLVD #22  
FORT MYERS, FL 33919

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**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME PC  
STREET ADDRESS MERCADO, DAVID  
CITY-ST-ZIP 8020 SUNRISE LAKES DR. N., BLDG., 25-205  
SUNRISE, FL 33322 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
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CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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:

*David Mercado*

President

07/29/07 516 603 5299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #