

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # F06075

1. Entity Name

SAFARI CONSULTANTS, INC.



Principal Place of Business

218 E EAU GALLIE BLVD #64
INDIAN HARBOUR BEACH FL 32937
US

Mailing Address

218 E EAU GALLIE BLVD #64
INDIAN HARBOUR BEACH FL 32937
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2145552

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PINNEY, RICHARD
218A E EAU GALLIE BLVD 64
INDIAN HARBOUR BEACH FL 32937

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 registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

TITLE D
NAME PINNEY, RICHARD ☐ Delete
STREET ADDRESS 218 E EAU GALLIE BLVD #64
CITY-STATE-ZIP INDIAN HARBOUR BEACH FL 32937

TITLE VST
NAME PINNEY, RICHARD ☐ Delete
STREET ADDRESS 218 E EAU GALLIE BLVD #64
CITY-STATE-ZIP INDIAN HARBOUR BEACH FL 32937

TITLE PD
NAME PINNEY, JEANNE ☐ Delete
STREET ADDRESS 218 E EAU GALLIE BLVD #64
CITY-STATE-ZIP INDIAN HARBOUR BEACH FL 32937

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000626850
CITY-STATE-ZIP 04/10/07-80017-003 150.00

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

TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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 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.