## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F07000004351

Entity Name: SAFETY PLUS FIRE EQUIPMENT INC.

FILED Apr 14, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3688 HWY 39 N BLAKELY, GA 39823 **Current Mailing Address: New Mailing Address:** PO BOX 648 BLAKELY, GA 39823 FEI Number: 58-2471885 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CLAYTON, JEFFREY 111 STONE DRIVE PORT ST JOE, FL 32546 US 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:

Election Campaign Financing Trust Fund Contribution ( ).

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

Title: ( ) Delete Title: PRFS (X) Change ( ) Addition GRIFFIN, GARY LAMAR Name: Name: GRIFFIN, GARY L 3688 HWY 39N 3688 HWY 39N Address: Address: City-St-Zip: BLAKELY, GA 39823 City-St-Zip: BLAKELY, GA 39823

Title: S () Delete Title: SECY (X) Change () Addition

 Name:
 GRIFFIN, PATTI J
 Name:
 GRIFFIN, PATTI J

 Address:
 3688 HWY 39N
 Address:
 3688 HWY 39N

 City-St-Zip:
 BLAKELY, GA 39823
 City-St-Zip:
 BLAKELY, GA 39823

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PATTI GRIFFIN SECY 04/14/2009