2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State
02-07-2005 90049 011 ***150.00

DOCUMENT # F93000002316

1. Entity Name
ENSAFE INC.

Principal Place of Business	Mailing Address
5724 SUMMER TREES DR. MEMPHIS, TN 38134	5724 SUMMER TREES DR. MEMPHIS, TN 38134

400132269

01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1402235
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, CRAIG
201 NORTH PALAFOX STREET
SUITE 200
PENSACOLA, FL 32504

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DCP
NAME	COOP, PHILLIP G
STREET ADDRESS	5724 SUMMER TREES DR.
CITY-ST-ZIP	MEMPHIS, TN 38134
TITLE	DVCS
NAME	SPEAKMAN, JAMES N
STREET ADDRESS	5724 SUMMER TREES DR.
CITY-ST-ZIP	MEMPHIS, TN 38134
TITLE	DVP
NAME	WOOD, MICHAEL A
STREET ADDRESS	5724 SUMMER TREES DR.
CITY-ST-ZIP	MEMPHIS, TN
TITLE	DVP
NAME	SOTDDARD, PAUL V
STREET ADDRESS	5724 SUMMER TREES DR.
CITY-ST-ZIP	MEMPHIS, TN
TITLE	DV
NAME	WISE, CRAIG A
STREET ADDRESS	5724 SUMMER TREES DR
CITY-ST-ZIP	MEMPHIS, TN
TITLE	DV
NAME	GRAY-DAVIS, GINNY L
STREET ADDRESS	895 CENTRAL AVE STE 610
CITY-ST-ZIP	CINCINNATI, OH 45202

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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: _____ 2-3-2005 901-372-7962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

ATTACHMENT

40013229

#F930000023 16

Title:	DV
Name:	Sandra Reagan
Street Address:	162 D. Market Place Blvd.
City, ST, Zip	Knoxville, TN 37922