


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F97000001035		
1. Entity Name SAFETY SPECIALTIES, INC.		
Principal Place of Business 4351 WINDING OAKS CIRCLE MULBERRY, FL 33860	Mailing Address 4351 WINDING OAKS CIRCLE MULBERRY, FL 33860	
DO NOT WRITE IN THIS SPACE		



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 34-1648390	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHULDT, ALICE M 4351 WINDING OAKS CIRCLE MULBERRY, FL 33860	DO NOT WRITE IN THIS SPACE
---	---------------------------------------

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SCHULDT SR, JOHN C 4351 WINDING OAKS CIRCLE MULBERRY, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST SCHULDT, ALICE M 4351 WINDING OAKS CIRCLE MULBERRY, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		

U00000527323
05/04/06-80108-013 150.00

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: *Alice M. Schuldt, VP* 01/22/06 (863) 425-3231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

ALICE M. SCHULDT