

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G31830

Entity Name: SAFETY PRODUCTS, INC.

FILED
Feb 26, 2009
Secretary of State

Current Principal Place of Business:

3517 CRAFTSMAN BLVD
LAKELAND, FL 33803 US

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 1688
EATON PARK, FL 33840 US

New Mailing Address:

FEI Number: 59-2282857 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAMS, EDWARD W.
3517 CRAFTSMAN BLVD
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLIAMS, EDWARD W,
Address: 3517 CRAFTSMAN RD
City-St-Zip: LAKELAND, FL 33803

Title: VP () Delete
Name: SCOTT WILLIAMS,
Address: 3517 CRAFTSMAN ROAD
City-St-Zip: LAKELAND, FL 33803

Title: VP () Delete
Name: TIDWELL, CHRISTOPHER R
Address: 3517 CRAFTSMAN BLVD.
City-St-Zip: LAKELAND, FL 33803

Title: VP () Delete
Name: GAFFNEY, ANGELA
Address: 3517 CRAFTSMAN BLVD.
City-St-Zip: LAKELAND, FL 33803

Title: VP () Delete
Name: WILLIAMS, JANIS
Address: 3517 CRAFTSMAN BLVD.
City-St-Zip: LAKELAND, FL 33803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: WILLIAMS, EDWARD W,
Address: 3517 CRAFTSMAN RD
City-St-Zip: LAKELAND, FL 33803

Title: P (X) Change () Addition
Name: SCOTT WILLIAMS,
Address: 3517 CRAFTSMAN ROAD
City-St-Zip: LAKELAND, FL 33803

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANGELA GAFFNEY

VP

02/26/2009

Electronic Signature of Signing Officer or Director

_____ Date