

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G31830

Entity Name: SAFETY PRODUCTS, INC.

FILED  
Jan 10, 2012  
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 ( )

**Name and Address of Current Registered Agent:**

WILLIAMS, SCOTT  
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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WILLIAMS, SCOTT  
Address: 3517 CRAFTSMAN RD  
City-St-Zip: LAKELAND, FL 33803

Title: VP  
Name: WILLIAMS, EDWARD W  
Address: 3517 CRAFTSMAN ROAD  
City-St-Zip: LAKELAND, FL 33803

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

I hereby 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 all other like empowered.

SIGNATURE: ANGELA GAFFNEY

VP

01/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date