

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J14471

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: SAF-T-LINE OF FLORIDA, INC.

**Current Principal Place of Business:**

% ELEANOR PAPIO  
600 N OLD WIRE RD  
WILDWOOD, FL 34785

**New Principal Place of Business:**

**Current Mailing Address:**

% ELEANOR PAPIO  
600 N OLD WIRE RD  
WILDWOOD, FL 34785

**New Mailing Address:**

FEI Number: 59-2681978      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SMITH, NICOLE A RA  
600 N. OLD WIRE ROAD  
WILDWOOD, FL 34785      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: VD ( ) Delete  
Name: PAPIO, ELEANOR  
Address: 600 N. OLD WIRE RD  
City-St-Zip: WILDWOOD, FL 34785

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: NICOLE SMITH

RA

04/14/2009

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

\_\_\_\_\_ Date