

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K76700

Entity Name: CARLWOOD SAFETY, INC.

FILED
Mar 23, 2004
Secretary of State

Current Principal Place of Business:

9225 ULMERTON RD
STE 406
LARGO, FL 33771 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1528
LARGO, FL 33779 US

New Mailing Address:

FEI Number: 59-2938467 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, LARRY E.
9225 ULMERTON RD
STE 406
LARGO, FL 33771 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: DP () Delete
Name: WILSON, LARRY E.,
Address: 9225 ULMERTON RD, STE 406
City-St-Zip: LARGO, FL

Title: DST () Delete
Name: BARBER, CHARLES F.,
Address: 1550 S HIGHLAND AVE
City-St-Zip: CLEARWATER, FL

Title: EVP () Delete
Name: WILSON, MARTHA L.,
Address: 9225 ULMERTON RD, STE 406
City-St-Zip: LARGO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: WILSON, LARRY E.,
Address: 9225 ULMERTON RD, STE 406
City-St-Zip: LARGO, FL 33771 US

Title: DST (X) Change () Addition
Name: BARBER, CHARLES F.,
Address: 1550 S HIGHLAND AVE
City-St-Zip: CLEARWATER, FL 33756 US

Title: EVP (X) Change () Addition
Name: WILSON, MARTHA L.,
Address: 9225 ULMERTON RD, STE 406
City-St-Zip: LARGO, FL 33771 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LARRY E. WILSON

DP

03/23/2004

Electronic Signature of Signing Officer or Director

_____ Date