

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012700

FILED
Jan 12, 2005
Secretary of State

Entity Name: SAFETY MARKETING SERVICES, LLC

Current Principal Place of Business:

16288 FLIGHT PATH DRIVE
BROOKSVILLE, FL 346046875

New Principal Place of Business:

Current Mailing Address:

16288 FLIGHT PATH DRIVE
BROOKSVILLE, FL 346046875

New Mailing Address:

FEI Number: 86-1056998

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNETT, LESLIE J
601 BAYSHORE BLVD., SUITE 700
TAMPA, FL 33606 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

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: JOHNSON, DAVID B VP
Address: 16228 FLIGHT PATH DR
City-St-Zip: BROOKSVILLE, FL 346046875

Title: MGR () Delete
Name: JOHNSON, WAYNE D PRES
Address: 16228 FLIGHT PATH DR
City-St-Zip: BROOKSVILLE, FL 346046875

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGR () Change (X) Addition
Name: CORNELL, CURTIS M TREAS
Address: 16228 FLIGHT PATH DR
City-St-Zip: BROOKSVILLE, FL 346046875

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CURT CORNELL

MGR

01/12/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date