

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M31400

**FILED**  
**Mar 02, 2011**  
**Secretary of State**

**Entity Name:** MARSON SAFETY SYSTEMS, INC.

**Current Principal Place of Business:**

405 SO FEDERAL HIGHWAY, PMB 14  
POMPANO BEACH, FL 33062 US

**New Principal Place of Business:**

**Current Mailing Address:**

405 SO FEDERAL HIGHWAY, PMB 14  
POMPANO BEACH, FL 33062 US

**New Mailing Address:**

**FEI Number:** 59-2691463

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LEVINE, MARVIN  
8872 HARRODS DRIVE  
BOCA RATON, FL 33433 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: PD  
Name: LEVINE, MARVIN  
Address: 8872 HARRDS DRIVE  
City-St-Zip: BOCA RATON, FL 33432

Title: D  
Name: KEHOE, WILLIAM H  
Address: PO BOX 708  
City-St-Zip: CHOCOLOSKEE, FL 34138

Title: D  
Name: LEVINE, FREDERICK M  
Address: 10544 MENDOCINO LANE  
City-St-Zip: BOCA RATON, FL 33428

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: MARVIN LEVINE

PRES

03/02/2011

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

\_\_\_\_\_  
Date