



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N00000007809</b>					
<b>1. Entity Name</b> FLORIDA PARTNERSHIP FOR SAFETY AND HEALTH, INC.					
<b>Principal Place of Business</b> P.O. BOX 46182 TAMPA, FL 33647			<b>Mailing Address</b> P.O. BOX 46182 TAMPA, FL 33647		
<b>2. Principal Place of Business</b> P.O. Box Suite, Apt. #, etc.		<b>3. Mailing Address</b> P.O. Box 47334 Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 14px; margin-bottom: 10px;">04 OCT -4 PM 12:44</div> <div style="font-size: 12px; margin-bottom: 10px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>  <div style="font-size: 10px; margin-top: 10px;">09302004    Chg-NP    CR2E037 (10/03)    <i>th</i></div>	
<b>City &amp; State</b> Tampa, FL		<b>City &amp; State</b> Tampa, FL		<b>4. FEI Number</b> 59-3686152	
<b>Zip</b> 33647		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> VESPI, CHARLENE 15350 AMBERLY DR. APT. 724 TAMPA, FL 33647				<b>7. Name and Address of New Registered Agent</b> Name: <u>Robert Nesbit</u> Street Address (P.O. Box Number is Not Acceptable): <u>15350 Amberly Dr Apt 724</u> City: <u>Tampa, FL</u> <u>FL</u> Zip Code: <u>33647</u>	
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE: <u>Robert Nesbit</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <u>09/30/2004</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by September 8, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NESBIT, ROBERT 211 CAMBRIDGE DRIVE ORLANDO, FL 32779	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NESBIT, Robert 15350 Amberly Drive, Apt 724 Tampa, FL 33647	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS WATTS, CYNTHIA 14535 BRUCE B. DOWNS TAMPA, FL 33613	<input type="checkbox"/> Delete	500041570095 10/04/04--01035--009 **70.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VESPI, CHARLENE 15350 AMBERLY DRIVE, APT. 724 TAMPA, FL 33647	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vespi, Charlene 1136 Thackeray Way Wesley Chapel, FL 33543	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

**12. I hereby certify that the information supplied with this filing does not qualify 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Robert Nesbit    Robert Nesbit    09/30/2004    407-709-2267  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #