

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002772

Entity Name: S.A.F.E. SOCIETY OF FLORIDA, INC.

FILED
May 25, 2004
Secretary of State

Current Principal Place of Business:

1436 NORMANDY LANE
PALM HARBOR, FL 34683

New Principal Place of Business:

105 MICHIGAN BLVD.
DUNEDIN, FL 34698

Current Mailing Address:

1436 NORMANDY LANE
PALM HARBOR, FL 34683

New Mailing Address:

105 MICHIGAN BLVD.
DUNEDIN, FL 34698

FEI Number: 02-0591766

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VOGEL, KIM M
1436 NORMANDY LANE
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

SULLIVAN, SUSAN
105 MICHIGAN BLVD.
DUNEDIN, FL 34698 US

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: SUSAN SULLIVAN

05/25/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD (X) Delete
Name: VOGEL, KIM
Address: 1436 NORMANDY LANE
City-St-Zip: PALM HARBOR, FL 34683

Title: D () Delete
Name: HAYES, JULIE
Address: 2319 JONES DRIVE
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: SULLIVAN, SUSAN
Address: 105 MICHIGAN BLVD
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: LISI, JEN
Address: 1455-B COBURN DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D (X) Delete
Name: VOGEL, KENNETH
Address: 1436 NORMANDY LANE
City-St-Zip: TARPON SPRINGS, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: MD (X) Change () Addition
Name: SULLIVAN, SUSAN
Address: 105 MICHIGAN BLVD
City-St-Zip: DUNEDIN, FL 34698

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN SULLIVAN

MD

05/25/2004

Electronic Signature of Signing Officer or Director

Date