2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# N20355

Entity Name: S.A.F.E., INC. (SHORES ACTION FORCE EYES)

Current Principal Place of Business:

S.A.F.E. INC.
501 WATER RD
OCALA, FL 34472 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 831682
OCALA, FL 34472 US

New Mailing Address:

6 HICKORY TRACK RUN
OCALA, FL 34472 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURT, KEN
2 PECAN PASS DRIVE
OCALA, FL 344722463 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: P ( ) Delete
Name: HANLON, GIL
Address: 6 HICKORY TRACK RUN
City-St-Zip: OCALA, FL 34472

Title: VP ( ) Delete
Name: MC QUEEN, EDWARD
Address: 15 BAHIA PASS TRACK
City-St-Zip: OCALA, FL 34472

Title: D ( ) Delete
Name: GEROULO, WILLIAM
Address: 7947 MIDWAY DRIVE TER.
City-St-Zip: OCALA, FL 34472

Title: D ( ) Delete
Name: BENEDICT, LEE
Address: 507 SPRING LAKE ROAD
City-St-Zip: OCALA, FL 34472

Title: D ( ) Delete
Name: PRENTICE, NELSON
Address: 15 PECAN PASS DR
City-St-Zip: OCALA, FL 34472

Title: D ( ) Delete
Name: ARNOLD, FRANK
Address: 110 EMERALD RD
City-St-Zip: OCALA, FL 34472

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: KEN BURT TRES 01/04/2005
Electronic Signature of Signing Officer or Director — Date