

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

07 MAR -9 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02262007 Chg-NP CR2E037 (12/06) 27

DOCUMENT # N95000002807 1. Entity Name AMERICAN SAFETY INSTITUTE, INC.					
Principal Place of Business 9009 MAHAN DRIVE, STE. 501 TALLAHASSEE, FL 32309 US			Mailing Address 9009 MAHAN DRIVE, STE. 501 TALLAHASSEE, FL 32309 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3316598	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CROWLEY, KEVIN X 215 S MONROE ST 2ND FL TALL, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<div style="text-align: right;"> Make check payable to Florida Department of State </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASSIDY, BART 9009 MAHAN DRIVE, STE. 501 TALLAHASSEE, FL 32309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERCHEL ROOKS, JR 4372 NE FLOWERS RD MADISON, FL 32340	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CASSIDY, CATHERINE R 9009 MAHAN DRIVE, STE. 501 TALLAHASSEE, FL 32309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> 600092345216 03/13/07--01007--014 **61.25 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, BERTA 9009 MAHAN DRIVE, STE. 501 TALLAHASSEE, FL 32309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:			<div style="display: flex; justify-content: space-between;"> 3/6/7 850/681-9233 </div>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Catherine Cassidy			Date Daytime Phone #		