

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000007064**

1. Entity Name  
**THE SAFETY MARKETING GROUP, INC.**



Principal Place of Business  
**730 ATLANTIC AVENUE  
SUITE 204  
ORMOND BEACH, FL 32716**

Mailing Address  
**730 ATLANTIC AVENUE  
SUITE 204  
ORMOND BEACH, FL 32716**



01292004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**31-1229428**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**HARPER, RICHARD P  
730 ATLANTIC AVENUE  
ORMOND BEACH, FL 32716**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution, ☐

**\$5.00** May Be  
Added to Fees

**000000042372  
02/10/04-80021-017 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SMEATON, MICHAEL
STREET ADDRESS	PO BOX 1720
CITY-ST-ZIP	DAVENPORT, IA 52809
TITLE	D
NAME	WOODS, BARRY
STREET ADDRESS	PO BOX 8686
CITY-ST-ZIP	EMERYVILLE, CA 94662
TITLE	D
NAME	VORREUTER, KIM
STREET ADDRESS	7 PULASKI ST
CITY-ST-ZIP	AUBURN, NY 13021
TITLE	D
NAME	MCKIBBEN, JACK
STREET ADDRESS	P O BOX 3244
CITY-ST-ZIP	ERIE, PA 16508
TITLE	D
NAME	MURRAY, SHAWN
STREET ADDRESS	5510 E. MARINAL WAY SOUTH
CITY-ST-ZIP	SEATTLE, WA 98134
TITLE	P
NAME	HARPER, RICHARD
STREET ADDRESS	730 S. ATLANTIC AVENUE
CITY-ST-ZIP	ORMOND BEACH, FL 32714

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 an other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #