

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90015 006 ****61.25

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

40001245

2. Principal Place of Business
16228 Flight Path Drive
Suite, Apt. #, etc.

3. Mailing Address
16228 Flight Path Drive
Suite, Apt. #, etc.

City & State
Brooksville, FL
Zip
34604
Country
USA

City & State
Brooksville, FL
Zip
34604
Country
USA



01112005 Chg-NP CR2E037 (10/03)

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

7. Name and Address of New Registered Agent
Name
Michael Smeaton
Street Address (P.O. Box Number is Not Acceptable)
16228 Flight Path Drive
City
Brooksville
FL
Zip Code
34604

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: *Michael W. Smeaton* 1-12-05
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, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMEATON, MICHAEL PO BOX 1720 DAVENPORT, IA 52809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Michael W. Smeaton 6913 Nottingham Lane Bettendorf, IA 52722 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODS, BARRY PO BOX 8686 EMERYVILLE, CA 94662 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Bob Dool PO Box 16689 Wichita, KS 67216 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VORREUTER, KIM 7 PULASKI ST AUBURN, NY 13021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Ted Cowie 2425 Spiegel Drive Suite A Columbus, OH 43125 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKIBBEN, JACK P O BOX 3244 ERIE, PA 16508 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director David Rankin 3745 NW 37th Place Oklahoma City, OK 73112 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRAY, SHAWN 5510 E. MARINAL WAY SOUTH SEATTLE, WA 98134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARPER, RICHARD 730 S. ATLANTIC AVENUE ORMOND BEACH, FL 32174 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *Michael W. Smeaton* 1-12-05 352-8482549
Signature and typed or printed name of signing officer or director Date Daytime Phone #