# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 23, 2005**
**Secretary of State**

DOCUMENT# N98000002659

**Entity Name:** FLORIDA SAFETY NETWORK INC.

**Current Principal Place of Business:**

8815 TAMIAMI TR EAST
NAPLES, FL 34113

**New Principal Place of Business:**

8793 TAMIAMI TR EAST
NAPLES, FL 34113

**Current Mailing Address:**

8815 TAMIAMI TR EAST
NAPLES, FL 34113

**New Mailing Address:**

8793 TAMIAMI TR EAST
NAPLES, FL 34113

**FEI Number: 59-3506875** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

NELSON, SANDRA A
11781 LAERTES LANE
NAPLES, FL 34114 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: D (X) Delete
Name: FARRAR, KATHERINE T
Address: 694 PALM AVE. W.
City-St-Zip: GOODLAND, FL 34140

Title: D ( ) Delete
Name: NELSON, SANDRA
Address: 11781 LAERTES LANE
City-St-Zip: NAPLES, FL 34114

Title: D ( ) Delete
Name: BRATTON, RULIFF A
Address: 953 COCONUT CIRCLE W.
City-St-Zip: NAPLES, FL 34104

**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:

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: SANDRA A NELSON D 05/23/2005
Electronic Signature of Signing Officer or Director — Date