


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000003052 1. Entity Name FLORIDA HEALTH & SAFETY INSTITUTE, INC.	
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Principal Place of Business 6333 MIRAMAR PARKWAY B MIRAMAR, FL 33023	Mailing Address 6333 MIRAMAR PARKWAY B MIRAMAR, FL 33023
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04282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0984111	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GARRICK, HAROLD 4123 OPEN WAY HOLLYWOOD, FL 33026

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 file if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARRICK, HAROLD G 4123 OPEN WAY HOLLYWOOD, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRICK, CHERRIANA 4123 OPEN WAY HOLLYWOOD, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARRICK, KURT 4123 OPEN WAY HOLLYWOOD, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARRICK, KURT NICOLE HOLLYWOOD, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000352006 05/03/05-80010-007 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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 607, 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: H. Garrick Harold Garrick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/05
Date

786 552-8680
Daytime Phone #