2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000003052

1. Entity Name
FLORIDA HEALTH & SAFETY INSTITUTE, INC.

Principal Place of Business	Mailing Address
6333 MIRAMAR PARKWAY B MIRAMAR, FL 33023	6333 MIRAMAR PARKWAY B MIRAMAR, FL 33023

01202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0984111 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

GARRICK, HAROLD
4123 OPEN WAY
HOLLYWOOD, FL 33026

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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. (Title, Registered Agent signature required when changing) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

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

100000148862
04/17/06 00030-012 150.00

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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 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: Harold Garrick HAROLD GARRICK 03-30-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #