

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90248 003 ***150.00

DOCUMENT # P00000068131					
1. Entity Name SAFETY FIRST SUPPLY COMPANY OF AMERICA, INC.					
Principal Place of Business 2140 S. PALMETTO AVENUE #6 SOUTH DAYTONA, FL 32119			Mailing Address P.O. BOX 11423 DAYTONA BEACH, FL 32120-1423		
2. Principal Place of Business 112 Carolina Lake Drive			3. Mailing Address Suite, Apt. #, etc.		
Suite, Apt. #, etc. Suite 305			City & State Daytona Beach, Florida		
City & State Daytona Beach, Florida		City & State		4. FEI Number 59-3635764	
Zip 32114-7487		Country Volusia		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALDEN, JOHN P 2140 S. PALMETTO AVENUE #6 SOUTH DAYTONA, FL 32119			7. Name and Address of New Registered Agent Name John P. Walden Street Address (P.O. Box Number is Not Acceptable) 112 Carolina Lake Drive Suite 305 City Daytona Beach FL Zip Code 32114		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PANTAGIS, JACQUELINE M 4206 WHITFORD COURT GLEN ALLEN, VA 23060	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRADLEY, WILLIAM L 4497 N. OAKLAND ST ARLINGTON, VA 22203	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 affidavit with an address, without other like empowered.					
SIGNATURE: <u>William L. Bradley</u>			4/18/05 386-562-3618		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		