



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90092 027 ***150.00

DOCUMENT # P00000082846 1. Entity Name SAFE ELECTRIC CORPORATION					
Principal Place of Business 611 S. PARK AVENUE WINTER GARDEN, FL 34787				Mailing Address 611 S. PARK AVENUE WINTER GARDEN, FL 34787	
2. Principal Place of Business 10744 CRESCENT LN Suite, Apt. #, etc.		3. Mailing Address 10744 CRESCENT LN Suite, Apt. #, etc.			
City & State CLERMONT		City & State CLERMONT		4. FEI Number 65-1037368	
Zip 34711		Country LAKE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOCOL, IRENE 611 S. PARK AVENUE WINTER GARDEN, FL 34787				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <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	P SOCOL, IRENE 611 S. PARK AVE WINTER GARDEN, FL 34787		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SOCOL, IRENE 10744 CRESCENT LN CLERMONT FL 34711	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PIGNATARO, SALVATORE 611 S. PARK AVE WINTER GARDEN, FL 34787		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PIGNATARO, SALVATORE 10744 CRESCENT LN CLERMONT FL 34711	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Irene Socol</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			05-01-05 <small>Date Daytime Phone #</small>		