

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000104439

FILED
Apr 08, 2004
Secretary of State

Entity Name: SAFENET OF NAPLES, INC.

Current Principal Place of Business:

3580 14 ST NORTH
NAPLES, FL 34103

New Principal Place of Business:

6634 WILLOW PARK DRIVE
NAPLES, FL 34109

Current Mailing Address:

3580 14 ST NORTH
NAPLES, FL 34103

New Mailing Address:

6634 WILLOW PARK DRIVE
NAPLES, FL 34109

FEI Number: 59-3758186

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLS, JASON
3580 14 ST NORTH
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

LIVINGSTON, EDWARD M.
963 TRAIL TERRACE DRIVE
NAPLES, FL 34103 US

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: EDWARD M. LIVINGSTON

04/08/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WALLS, JASON D
Address: 3580 14 STREET NORTH
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: DAVIS, JOHNNY A
Address: 24377 RODAS DR
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: WALLS, JEFFREY
Address: 2006 SE 18TH AVE
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WALLS, JASON D
Address: 6634 WILLOW PARK DRIVE
City-St-Zip: NAPLES, FL 34103

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON D. WALLS

D

04/08/2004

Electronic Signature of Signing Officer or Director

Date