

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000104439

Entity Name: SAFENET OF NAPLES, INC.

FILED  
Apr 25, 2005  
Secretary of State

## Current Principal Place of Business:

6634 WILLOW PARK DRIVE  
NAPLES, FL 34109

## New Principal Place of Business:

1165 8TH STREET SOUTH  
2ND FLOOR  
NAPLES, FL 34102

## Current Mailing Address:

6634 WILLOW PARK DRIVE  
NAPLES, FL 34109

## New Mailing Address:

1165 8TH STREET SOUTH  
2ND FLOOR  
NAPLES, FL 34102

FEI Number: 59-3758186

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WALLS, JASON D  
Address: 6634 WILLOW PARK DRIVE  
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: 1165 8TH STREET SOUTH  
City-St-Zip: NAPLES, FL 34102

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

P

04/25/2005

Electronic Signature of Signing Officer or Director

Date