

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P01000111898

1. Entity Name

BE SAFE SECURITY, INC.



**FILED**

**Apr 20, 2004 8:00 am  
Secretary of State**

04-20-2004 90011 014 \*\*\*150.00

**54036887**



MOORE CR2E034 (11/03)

Principal Place of Business  
2260 UNIVERSITY BLVD. N.  
APT. 55  
JACKSONVILLE FL 32211

Mailing Address  
2260 UNIVERSITY BLVD. N.  
APT. 55  
JACKSONVILLE FL 32211

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

52-1735996

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALLEN, JOSEPH S  
5800 BARNES RD. S, APT. 199  
JACKSONVILLE FL 32216

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

*Joseph S. Allen*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*4-13-04*

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  Delete  
NAME ALLEN, JOSEPH S  
STREET ADDRESS 2260 UNIVERSITY BLVD NORTH, APT. 55  
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*V. ALLEN, JACQUELINE Y  
2260 UNIVERSITY BLVD. NORTH APT. 55  
JACKSONVILLE FL 32211*

Change

Addition

TITLE V  Delete  
NAME ISRAEL, JACQUELINE Y  
STREET ADDRESS 2260 UNIVERSITY BLVD. NORTH APT. 55  
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*JAX. FLA. 32211 APT. 55*

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Joseph S. Allen* Pma.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-13-04 (904)744-7313*

Date

Daytime Phone #