


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90333 035 ***150.00

DOCUMENT # P02000000769

1. Entity Name
HOSPITALITY SAFEGUARD, INC.



Principal Place of Business
 13883 OSPREY LINKS RD., #127
 ORLANDO, FL 32837

Mailing Address
 13883 OSPREY LINKS RD., #127
 ORLANDO, FL 32837

2. Principal Place of Business
1933 Island Walk Dr.

3. Mailing Address
P.O. Box 770545

Suite, Apt. #, etc.

City & State
Orlando, Florida

City & State
Orlando, Florida

Zip
32824

Country
US

Zip
32877-0545

Country
US



4. FEI Number
 14-1789560

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BLESER, DAVID M
13883 OSPREY LINKS RD., #127
ORLANDO, FL 32837

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
1933 Island Walk Dr.
 City **Orlando** FL Zip Code **32824**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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 <input type="checkbox"/> Delete	NAME BLESER, EARL J STREET ADDRESS 13883 OSPREY LINKS RD., #127 CITY-ST-ZIP ORLANDO, FL 32837	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 1933 Island Walk Dr. STREET ADDRESS Orlando FL 32824 CITY-ST-ZIP
TITLE V <input type="checkbox"/> Delete	NAME BLESER, DAVID M STREET ADDRESS 13883 OSPREY LINKS RD., #127 CITY-ST-ZIP ORLANDO, FL 32837	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 1933 Island Walk Dr. STREET ADDRESS Orlando FL 32824 CITY-ST-ZIP
TITLE ST <input type="checkbox"/> Delete	NAME BLESER, NANCY B STREET ADDRESS 13883 OSPREY LINKS RD., #127 CITY-ST-ZIP ORLANDO, FL 32837	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 1933 Island Walk Dr. STREET ADDRESS Orlando FL 32824 CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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:  **4/26/04** **407 857-7781**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #