


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90023 014 ***150.00

DOCUMENT # P02000024774

1. Entity Name
SAFINCO, INC.



Principal Place of Business 4009 TAMIAMI TRAIL NORTH SUITE 400 NAPLES, FL 34103	Mailing Address % DAVID G. BUDD 3033 RIVIERA DRIVE., SUITE 201 NAPLES, FL 34103
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2. Principal Place of Business 4099 Tamiami Trail North	3. Mailing Address 3033 Riviera Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 01-0628480	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STARMAN, SHELDON W 4099 TAMIAMI TRAIL NORTH SUITE 400 NAPLES, FL 34103		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VS <input type="checkbox"/> Delete	BUDD, DAVID G	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUDD, DAVID G	NAME	
STREET ADDRESS	3033 RIVIERA DRIVE., SUITE 201	STREET ADDRESS	3033 Riviera Drive, Suite 201
CITY-ST-ZIP	NAPLES, FL 34103	CITY-ST-ZIP	
TITLE DPT <input type="checkbox"/> Delete	STARMAN, SHELDON W	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STARMAN, SHELDON W	NAME	
STREET ADDRESS	4099 TAMIAMI TRAIL NORTH, SUITE 400	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34103	CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: David G. Budd 3/10/04 (239) 263-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DAVID G. BUDD, VICE PRESIDENT