

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90283 031 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**54044070**



<b>DOCUMENT # P02000038088</b>					
<b>1. Entity Name</b> RE SAFETY HARBOR, INC.					
<b>Principal Place of Business</b> 1410 FOURTH STREET NORTH SAFETY HARBOR, FL 34695			<b>Mailing Address</b> 2111 GLENWOOD DRIVE SUITE 202 WINTER PARK, FL 32792		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 47-0859861	
				<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			<b>Name</b>  <b>Street Address (P.O. Box Number is Not Acceptable)</b>   <b>City</b> <span style="float: right;"><b>FL</b></span> <b>Zip Code</b>		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <span style="float: right;"><small>DATE</small></span>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> DCEO <b>NAME</b> DEERING, LAWRENCE R MR. <b>STREET ADDRESS</b> 200 CORPORATE CENTER DRIVE #360 <b>CITY-ST-ZIP</b> MOON TOWNSHIP, PA 15108	<input type="checkbox"/> Delete		<b>TITLE</b> D/C/CEO <b>NAME</b> Lawrence R. Deering <b>STREET ADDRESS</b> 800 Concourse Parkway S., Suite 200 <b>CITY-ST-ZIP</b> Maitland, FL 32751	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DPCO <b>NAME</b> CONTE, JOSEPH D MR. <b>STREET ADDRESS</b> 200 CORPORATE CENTER DRIVE #360 <b>CITY-ST-ZIP</b> MOON TOWNSHIP, PA 15108	<input type="checkbox"/> Delete		<b>TITLE</b> D/P/COO <b>NAME</b> Joseph D. Conte <b>STREET ADDRESS</b> 800 Concourse Parkway S., Suite 200 <b>CITY-ST-ZIP</b> Maitland, FL 32751	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DT <b>NAME</b> CURCIO, EUGENE R <b>STREET ADDRESS</b> 200 CORPORATE CENTER DRIVE #360 <b>CITY-ST-ZIP</b> MOON TOWNSHIP, PA 15108	<input type="checkbox"/> Delete		<b>TITLE</b> D/T <b>NAME</b> Eugene R. Curcio <b>STREET ADDRESS</b> 800 Concourse Parkway S., Suite 200 <b>CITY-ST-ZIP</b> Maitland, FL 32751	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> CORSETTI, ROSEMARY K <b>STREET ADDRESS</b> 200 CORPORATE CENTER DRIVE SUITE 360 <b>CITY-ST-ZIP</b> MOON TOWNSHIP, PA 15108	<input type="checkbox"/> Delete		<b>TITLE</b> S <b>NAME</b> Rosemary L. Corsetti <b>STREET ADDRESS</b> One Oxford Centre, 20th Floor, 301 Grant St. <b>CITY-ST-ZIP</b> Pittsburgh, PA 15219	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>		<b>Rosemary L. Corsetti</b>		<b>4/19/04 (412) 281-4420</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>Secretary</b>		<small>Date Daytime Phone #</small>	