


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000038088
1. Entity Name
RE SAFETY HARBOR, INC.



Principal Place of Business
1410 FOURTH STREET NORTH
SAFETY HARBOR, FL 34695

Mailing Address
2111 GLENWOOD DRIVE
SUITE 202
WINTER PARK, FL 32792



03222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
47-0859861

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DCEO
NAME	DEERING, LAWRENCE R MR.
STREET ADDRESS	800 CONCOURSE PARKWAY S STE 200
CITY - ST - ZIP	MAITLAND, FL 32751
TITLE	DPCO
NAME	CONTE, JOSEPH D MR.
STREET ADDRESS	800 CONCOURSE PARKWAY S STE 200
CITY - ST - ZIP	MAITLAND, FL 32751
TITLE	DT
NAME	CURCIO, EUGENE R
STREET ADDRESS	800 CONCOURSE PARKWAY S STE 200
CITY - ST - ZIP	MAITLAND, FL 32751
TITLE	S
NAME	CORSETTI, ROSEMARY K
STREET ADDRESS	ONE OXFORD CENTRE 20TH FLOOR 301 GRANT ST.
CITY - ST - ZIP	PITTSBURGH, PA 15219
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/23/06-80002-021 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Rosemary L. Corsetti Rosemary L. Corsetti March 24, 2006 (412) 281-4420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary Date Daytime Phone #