


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90402 015 \*\*\*150.00

**DOCUMENT # P02000038088**

1. Entity Name  
**RE SAFETY HARBOR, INC.**



Principal Place of Business  
**1035 POWERS PLACE  
 ALPHARETTA, GA 30004**

Mailing Address  
**1035 POWERS PLACE  
 ALPHARETTA, GA 30004**

40088106



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04102007 Chg-P CR2E034 (12/06)

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**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ 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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME Christopher M. Sertich, P/S/T/Dir	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1035 Powers Place	
CITY-ST-ZIP Alpharetta, GA 30004	
TITLE NAME Arnold M. Whitman, Chm/CEO/Dir	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1035 Powers Place	
CITY-ST-ZIP Alpharetta, GA 30004	
TITLE NAME Serge A. Learsy, VP/Dir	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1650 Tysons Blvd. Ste 1600	
CITY-ST-ZIP McLean, VA 22102	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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: Christopher M. Sertich 4/30/07 770-754-9660  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #