


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-12-2004 90003 038 ***158.75

DOCUMENT # P02000068238	
1. Entity Name ALLIANCE FOR PUBLIC SAFETY, INC.	

Principal Place of Business 345 W MADISON ST TALLAHASSEE, FL 32301	Mailing Address 345 W MADISON ST TALLAHASSEE, FL 32301
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DO NOT WRITE IN THIS SPACE



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number 45-0480668	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATE SERVICES, INC. Bob Carver 537 EAST PARK AVE. 345 W Madison ST TALLAHASSEE, FL 32301

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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 <u><i>Bob Carver</i></u> <u>Bob Carver, President</u> <u>2/2/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARVER, BOB 345 WEST MADISON ST. TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAINEY, GARY 345 WEST MADISON ST. TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARSH, GILBERT 345 WEST MADISON ST. TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <u><i>Bob Carver</i></u> <u>Bob Carver</u> <u>2-6-04</u> <u>850 224-7333</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>