


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000105127 1. Entity Name FIRE SAFE OF TAMPA, INC.	
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Principal Place of Business
9611 US HWY 92 E
TAMPA, FL 33610

Mailing Address
9611 US HWY 92 E
TAMPA, FL 33610



DO NOT WRITE IN THIS SPACE

02122004 No Chg-P CR2E034 (10/03)

4. FEI Number 16-1631575	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RYAN, SANDRA H
9611 US HWY 92 E
TAMPA, FL 33610

**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 _____

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

(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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD RYAN, SANDRA H 7823 NIAGARA AVENUE TAMPA, FL 33617
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD RYAN, CHRISTOPHER M 4725 PURITAN CIRCLE TAMPA, FL 33617
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD RYAN, JASON G 1561 LOND POND DRIVE VALRICO, FL 33549
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IN THIS SPACE**

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04/09/04-80019-009 150.00

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDRA H. RYAN

4-8-04 813-622-8641
Date Daytime Phone #