

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000105949

1. Entity Name
PICTURE ME SAFE, INC.



Principal Place of Business

PO BOX 14002
TALLAHASSEE, FL 32317

Mailing Address

PO BOX 14002
TALLAHASSEE, FL 32317

FILED

05 FEB -9 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02072005 No Chg-P CR2E034 (10/03)

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4. FEI Number

48-1278085

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HILAMAN, SHARON
4009 HARPERS FERRY DR.
TALLAHASSEE, FL 32308

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME HILAMAN, SHARON
STREET ADDRESS PO BOX 14002 N/A
CITY-ST-ZIP TALLAHASSEE, FL 32317

TITLE V
NAME SHAFER, STEVE
STREET ADDRESS PO BOX 14002 N/A
CITY-ST-ZIP TALLAHASSEE, FL 32317

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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NAME
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CITY-ST-ZIP

400046816864
02/17/05--01058--011 **150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Sharon Hilaman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sharon G. Hilaman 2/9/05

980-3442

Date

Daytime Phone #