

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000122759

1. Entity Name
SAFE HOME SECURITY, INCORPORATED



Principal Place of Business
13965 COLLIER BLVD
NAPLES, FL 34119 US

Mailing Address
13965 COLLIER BLVD
NAPLES, FL 34119 US



04282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1660210

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SOBEL, RAYMOND M JR
13965 COLLIER BLVD
NAPLES, FL 34119

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000941655
05/28/08-80111-022 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME SOBEL, RAYMOND M JR
STREET ADDRESS 13965 COLLIER BLVD
CITY - ST - ZIP NAPLES, FL 34119

TITLE TREA
NAME WIEDER, EDWARD W
STREET ADDRESS 27321 S.W. 164 TH COURT
CITY - ST - ZIP HOMESTEAD, FL 33031

TITLE SEC
NAME BUCKENMYER, JOEL D
STREET ADDRESS 1811 CREST STREET
CITY - ST - ZIP HASLETT, MI 48840

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
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:

Ed Wieder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-08

Date

Daytime Phone #