2006 FOR PROFIT CORPURATION ANNUAL REPORT

DOCUMENT # P02000126068

1. Entity Name SAFEGUARD INDUSTRIES INC.



Mailing Address

Principal Place of Business 3711 TROUT RIVER BLVD. JACKSONVILLE, FL 32208

3711 TROUT RIVER BLVD. JACKSONVILLE, FL 32208

FILED Apr 17, 2006 8:00 am Secretary of State

04-17-2006 90388 017 ***150.00

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No Chg-P

CR2E034 (11/05)

4. FEI Number 82-0562277 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

ROWE, JERRY 3711 TROUT RIVER BLVD. JACKSONVILLE, FL 32204

SIGNATURE:

DO NOT WRITE IN THIS SPACE

4.1406

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. LIUM (
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, 2006 Fee will be \$550.00 9. Election Campaign Financi Trust Fund Contribution.				\$5.00 May Be Added to Fees	·
10.	OFFICERS AND DIRE	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ; ROWE, JERRY 1014-7 MARGARET STREET JACKSONVILLE, FL 32204				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWE, JERRY 1014-7 MARGARET STREET JACKSONVILLE, FL 32204				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADORESS CITY-ST-ZIP					
TITLE NAME			1	•	• •
STREET ADDRESS CATY-ST-ZIP				4	
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.					

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR