2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000003847

Entity Name: SAFE SECURE TRANSPORT INC.

FILED May 11, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Business.	New Fillicipal Flace of Busiliess.

863 WASHBURNE RD.
MELBOURNE, FL 32934

863 WASHBURN RD.
MELBOURNE, FL 32934

863 WASHBURN RD.
MELBOURNE, FL 32934

Current Mailing Address: New Mailing Address:

863 WASHBURNE RD. P.O. BOX 120001 W. MELBOURNE, FL 32934 W. MELBOURNE, FL 32912

FEI Number: 14-1865589 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SIMMONS, JOHN M 2290 MICHIGAN ST. MELBOURNE, FL 32904 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 SIMMONS, JOHN M
 Name:
 SIMMONS, JOHN M

 Address:
 2290 MICHIGAN ST.
 Address:
 2290 MICHIGAN ST.

 City-St-Zip:
 MELBOURNE, FL
 3290 MICHIGAN ST.
 MELBOURNE, FL
 3290 MICHIGAN ST.

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change () Addition}$

 Name:
 LOGUE, TOMAS S
 Name:
 LOGUE, THOMAS S

 Address:
 243 ABELLO RD.
 Address:
 243 ABELLO RD.

 City-St-Zip:
 PALM BAY, FL 32904
 City-St-Zip:
 PALM BAY, FL 32909 US

Title: S () Delete Title: S (X) Change () Addition

 Name:
 SIMMONS, KARLA L
 Name:
 SIMMONS, KARLA L

 Address:
 2290 MICHIGAN ST.
 Address:
 2290 MICHIGAN ST.

 City-St-Zip:
 MELBOURNE, FL
 3290 HICHIGAN ST.
 MELBOURNE, FL
 32904 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARLA L. SIMMONS S 05/11/2004