2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005
Secretary of State

DOCUMENT# P03000038730

Entity Name: ALL SAFETY SOLUTIONS, INC.

Current Principal Place of Business:

8426 CROSS TIMBERS DR. W.
JACKSONVILLE, FL 32244

New Principal Place of Business:

8060 MACTAVISH WAY W
JACKSONVILLE, FL 32244

Current Mailing Address:

8426 CROSS TIMBERS DR. W.
JACKSONVILLE, FL 32244

New Mailing Address:

8060 MACTAVISH WAY W
JACKSONVILLE, FL 32244

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ELLIS, RICHARD G
8426 CROSS TIMBERS DR. W.
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

ELLIS, CAROLYN A
8060 MACTAVISH WAY W.
JACKSONVILLE, FL 32244 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: CAROLYN A ELLIS 02/01/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ELLIS, RICHARD G
Address: 8426 CROSS TIMBERS DR. W
City-St-Zip: JACKSONVILLE, FL 32244

Title: ST ( ) Delete
Name: ELLIS, CAROLYN A
Address: 8426 CROSS TIMBERS DR. W
City-St-Zip: JACKSONVILLE, FL 32244

Title: VP ( ) Delete
Name: ELLIS, ALICIA L
Address: 291 PEARWOOD
City-St-Zip: MIDDLEBURG, FL 32068

Title: VP (X) Delete
Name: ELLIS, RICHARD G II
Address: 8426 CROSS TIMBERS DR. W
City-St-Zip: JACKSONVILLE, FL 32244

Title: VP (X) Delete
Name: ZEARFOSS, JOSEPH W
Address: 27 LONGWELL NE
City-St-Zip: WESTMINSTER, MD 21157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ELLIS, CAROLYN A
Address: 8060 MACTAVISH WAY W
City-St-Zip: JACKSONVILLE, FL 32244

Title: ST (X) Change ( ) Addition
Name: ELLIS, CAROLYN A
Address: 8060 MACTAVISH WAY W
City-St-Zip: JACKSONVILLE, FL 32244

Title: VP (X) Change ( ) Addition
Name: ELLIS, CAROLYN A
Address: 8060 MACTAVISH WAY W
City-St-Zip: JACKSONVILLE, FL 32244

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CAROLYN A. ELLIS P 02/01/2005
Electronic Signature of Signing Officer or Director Date