

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000103788

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA SAFETY LINKS INC.

**Current Principal Place of Business:**

2670 CARDASSI DRIVE  
OCOEE, FL 34761

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 933  
GOTHA, FL 347340933

**New Mailing Address:**

**FEI Number:** 52-2402574

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RESCHNY, TREVOR  
2670 CARDASSI DRIVE  
OCOEE, FL 34761 US

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

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

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: RESCHNY, TREVOR  
Address: 2670 CARDASSI DRIVE  
City-St-Zip: OCOEE, FL 34761

Title: VP  
Name: URBAN-RESCHNY, MARGARET  
Address: 2670 CARDASSI DRIVE  
City-St-Zip: OCOEE, FL 34761

I hereby 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 all other like empowered.

SIGNATURE: TREVOR RESCHNY

PRES

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date