


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90004 020 \*\*\*150.00

<b>DOCUMENT # P03000112909</b>	
<b>1. Entity Name</b> FLORIDA SAFETY CONTRACTORS, INC.	

<b>Principal Place of Business</b> 6314 N. QUEENSWAY DRIVE TEMPLE TERRACE FL 33617	<b>Mailing Address</b> 6314 N. QUEENSWAY DRIVE TEMPLE TERRACE FL 33617
--	--

<b>2. Principal Place of Business</b> 9516 E MLK TR. BLVD Suite, Apt. #, etc.	<b>3. Mailing Address</b> P.O. Box 16546 Suite, Apt. #, etc.
---	--

<b>City &amp; State</b> TAMPA, FL 33610	<b>City &amp; State</b> TAMPA, FL 33617
<b>Zip</b> 33610	<b>Country</b> US



MOORE CR2E034 (11/03)

<b>4. FEI Number</b> 57-1191566	<b>Applied For</b> <input type="checkbox"/> Not Applicable
------------------------------------	---

<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required
--

<b>6. Name and Address of Current Registered Agent</b> REICHART, MICHAEL K 6314 N. QUEENSWAY DRIVE TEMPLE TERRACE FL 33617
---

<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---

<b>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.</b>		
<b>SIGNATURE</b> <i>Michael K Reichart</i> Signature, typed or printed name of registered agent and title if applicable.	<b>SIGNATURE</b> <i>MICHAEL K REICHART</i> (NOTE: Registered Agent signature required when reinstating)	<b>DATE</b> 2/13/04

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> PT <b>NAME</b> REICHART, MICHAEL K <b>STREET ADDRESS</b> 6314 N. QUEENSWAY DRIVE <b>CITY-ST-ZIP</b> TEMPLE TERRACE FL 33617	<input type="checkbox"/> Delete
<b>TITLE</b> S <b>NAME</b> REICHART, ELAINE <b>STREET ADDRESS</b> 6314 N. QUEENSWAY DRIVE <b>CITY-ST-ZIP</b> TEMPLE TERRACE FL 33617	<input type="checkbox"/> Delete
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> ✓/M <b>NAME</b> PREM PERSAUD <b>STREET ADDRESS</b> 16316 BONNEVILLE DR <b>CITY-ST-ZIP</b> TAMPA, FL 33624	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> LINDA LOUKS <b>STREET ADDRESS</b> 1703 CURRY RD. <b>CITY-ST-ZIP</b> LUTZ, FL 33549	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

<b>12. I hereby certify that the information supplied with this filing does not qualify 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 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.</b>	
--	--

<b>SIGNATURE:</b> <i>Michael K Reichart</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>SIGNATURE</b> <i>MICHAEL K REICHART</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>DATE</b> 2/13/04 Date	<b>DAYTIME PHONE #</b> 813-626-3600 Daytime Phone #
--	---	--------------------------------	---