2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000112909

City-St-Zip: LUTZ, FL 33549

Entity Name: FLORIDA SAFETY CONTRACTORS. INC

FILED Feb 26, 2008 Secretary of State

Entity Nar	me: FLORIDA	A SAFETY CONTRACTORS, II	NC.				
Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:			
	JS HWY 301 DSASSA, FL 3	33592					
Current M	lailing Addres	ss:	New Mailing Address:				
PO BOX 10 TEMPLE T	6546 ERRACE, FL	33617					
FEI Number:	: 57-1191566	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and	Address of	New Registered Agent:		
REICHART, MICHAEL K 6314 N. QUEENSWAY DRIVE TEMPLE TERRACE, FL 33617 US			1817 BELL	REICHART, MICHAEL K 1817 BELLA CASA COURT TAMPA, FL 33618 US			
	named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or b	ooth,	
SIGNATURE:				02/26/2008			
		nic Signature of Registered Age	ent		Date		
Election Car	npaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title:	*) Delete	Title:		X) Change () Addition		
Name:	REICHART, MI		Name:	REICHART, N			
Address:	6314 N. QUEEI		Address:		CASA COURT		
City-St-Zip:	TEIVIFLE TERM	ACE, FL 33617	City-St-Zip:	TAMPA, FL 3	33016		
Title:	VST () Delete	Title:	VST (X) Change () Addition		
Name:	REICHART, EL	AINE	Name:	REICHART, E	LAINE		
Address:	6314 N. QUEE	NSWAY DRIVE	Address:	1817 BELLA	CASA COURT		
City-St-Zip:	TEMPLE TERR	ACE, FL 33617	City-St-Zip:	TAMPA, FL 3	33618		
Title:	VM () Delete	Title:	() Change () Addition		
Name:	PERSAUD, PR		Name:		, ,		
Address:	16316 BONNE	VILLE DR	Address:				
City-St-Zip:	TAMPA, FL 33	624	City-St-Zip:				
Title:	D () Delete	Title:	() Change () Addition		
Name:	LOUKS, LINDA		Name:		· · · · · · · · · · · · · · · · · · ·		
Address:	1703 CURRY F	RD	Address:				

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

City-St-Zip:

SIGNATURE: ELAINE REICHART VST 02/26/2008