

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000000725

Entity Name: SAFER DISTRIBUTORS, INC.

FILED
Apr 10, 2010
Secretary of State

Current Principal Place of Business:

5970 PHILIPS HIGHWAY
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

5970 PHILIPS HIGHWAY
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 20-0551884

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOUIS, SAFER
4267 POINT LA VISTA RD. W.
JACKSONVILLE, FL 32207 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: SAFER, LOUIS
Address: 4267 POINT LA VISTA RD. W.
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: VP
Name: SAFER, THOMAS
Address: 4267 POINT LA VISTA RD. W.
City-St-Zip: JACKSONVILLE, FL 32207

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: THOMAS SAFER

VP

04/10/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date