

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000035155

FILED  
Jan 07, 2008  
Secretary of State

Entity Name: FINGERSHIELD SAFETY (USA) INC.

## Current Principal Place of Business:

2731 ST LOUIS COURT  
PONTE VEDRA, FL 32082 US

## New Principal Place of Business:

151 SAWGRASS CORNERS DRIVE  
SUITE #101  
PONTE VEDRA, FL 32082 US

## Current Mailing Address:

2731 ST LOUIS COURT  
PONTE VEDRA, FL 32082 US

## New Mailing Address:

151 SAWGRASS CORNERS DRIVE  
SUITE #101  
PONTE VEDRA, FL 32082 US

FEI Number: 14-1903670      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOSELEY, GODFREY G  
2731 ST LOUIS CT  
PONTE VEDRA, FL 32082 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: D      ( ) Delete  
Name: MOSELEY, GODFREY G  
Address: 2731 ST LOUIS CT  
City-St-Zip: PONTE VEDRA, FL 32082

Title: D      ( ) Delete  
Name: O'CARROLL, PAUL  
Address: 2731 ST LOUIS CT  
City-St-Zip: PONTE VEDRA, FL 32082

Title: D      ( ) Delete  
Name: GARVEY, FRANCIS J  
Address: 2731 ST LOUIS CT  
City-St-Zip: PONTE VEDRA, FL 32082

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D      ( ) Change (X) Addition  
Name: STOCKWELL, JOHN  
Address: 2731 ST LOUIS CT  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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.

SIGNATURE: GODFREY G MOSELEY

D

01/07/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date