

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90065 039 \*\*\*150.00

<b>DOCUMENT # P04000050574</b> 1. Entity Name: <b>SAFE WORKPLACE, INC.</b>			
Principal Place of Business 10321 BUNCOMBE WAY SAN ANTONIO, FL 33576		Mailing Address 10321 BUNCOMBE WAY SAN ANTONIO, FL 33576	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 2350</b> Suite, Apt. #, etc.	
City & State City: <b>Brandon</b> State: <b>FL</b>		4. FEI Number <b>20-0915036</b>	
Zip <b>33509</b>		Country <b>USA</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>BOGO, KATHLEEN R</b> <b>11708 TWIN MAPLE PLACE</b> <b>TAMPA, FL 33624</b>		7. Name and Address of New Registered Agent Name: <b>Bogo, Kathleen R</b> Street Address (P.O. Box Number is Not Acceptable): <b>10321 Buncombe Way</b> City: <b>Brandon</b> State: <b>FL</b> Zip Code: <b>33576</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. SIGNATURE: <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOGO, KATHLEEN R 11708 TWIN MAPLE PLACE TAMPA, FL 33624	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D Bogo, Kathleen R 10321 Buncombe Way San Antonio FL 33576
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Bogo, Lawrence P. 10321 Buncombe Way San Antonio FL 33576
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Bogo, Bretton P. 11708 Twin Maple Place Tampa FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Bogo, William Steven 11708 Twin Maple Pl. Tampa FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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>SIGNATURE:</b>		<b>President</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date		Daytime Phone # <b>813 657 7233</b>	