2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008
Secretary of State

DOCUMENT# P04000050574

Entity Name: SAFE WORKPLACE, INC.

Current Principal Place of Business:

10321 BUNCOMBE WAY
SAN ANTONIO, FL 33576

New Principal Place of Business:

Current Mailing Address:

PO BOX 2350
BRANDON, FL 33509 US

New Mailing Address:

FEI Number: 20-0915036 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BOGO, KATHLEEN R
10321 BUNCOMBE WAY
SAN ANTONIO, FL 33576 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: BOGO, KATHLEEN R
Address: 10321 BUNCOMBE WAY
City-St-Zip: SAN ANTONIO, FL 33576

Title: V ( ) Delete
Name: BOGO, LAWRENCE P
Address: 10321 BUNCOMBE WAY
City-St-Zip: SAN ANTONIO, FL 33576

Title: T ( ) Delete
Name: BOGO, BRETTON P
Address: 11708 TWIN MAPLE PLACE
City-St-Zip: TAMPA, FL 33624

Title: S ( ) Delete
Name: BOGO, WILLIAM S
Address: 3609 DATA DR. APT. 104
City-St-Zip: TAMPA, FL 33613

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: S (X) Change ( ) Addition
Name: BOGO, WILLIAM S
Address: 11708 TWIN MAPLE PLACE
City-St-Zip: TAMPA, FL 33624

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: KATHLEEN R. BOGO PRES 04/17/2008

Electronic Signature of Signing Officer or Director Date