

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000050574

Entity Name: SAFE WORKPLACE, INC.

**FILED**  
**Apr 18, 2010**  
**Secretary of State**

**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 ( )

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

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

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

Title: S  
Name: BOGO, WILLIAM S  
Address: 14416 REUTER STRASSE CIRCLE, APT. 3  
City-St-Zip: TAMPA, FL 33613

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: KATHLEEN R. BOGO

PRES

04/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date