2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State
01-20-2005 90028 026 ***150.00

DOCUMENT # P04000061126

1. Entity Name
SAFARI CONTINENTAL, INC.

40003675

Principal Place of Business	Mailing Address
2159 S TAMIAMI TRL VENICE, FL 34293	2159 S TAMIAMI TRL VENICE, FL 34293

01142005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
434 LYONS BAY RD	434 LYONS BAY RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NOKOMIS, FL	City & State: NOKOMIS, FL
Zip: 34275 Country: USA	Zip: 34275 Country: USA

4. FEI Number: 20-1013686 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OLLIVER, JOHN 2159 S TAMIAMI TRL VENICE, FL 34293	Name: Robert Woelfel Street Address (P.O. Box Number is Not Acceptable): 434 LYONS BAY RD. City: NOKOMIS FL Zip Code: 34275

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: Robert Woelfel ROBERT WOELFEL 1/14/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD OLLIVER, JOHN 2159 S TAMIAMI TRL VENICE, FL 34293	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST WOELFEL, ROBERT L 4343 LYONS BAY RD NOKOMIS, FL 34275	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WOELFEL, ROBERT 434 LYONS BAY RD NOKOMIS, FL 34275	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST WOELFEL, JERRY 434 LYONS BAY RD NOKOMIS, FL 34275	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 the 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.

SIGNATURE: Robert Woelfel ROBERT WOELFEL 1/14/2005 941-484-8050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #