

2005 FOR PROFIT CORPORATION ANNUAL REPORT

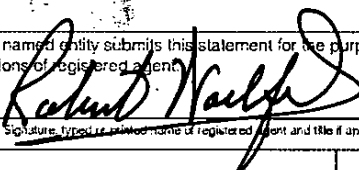
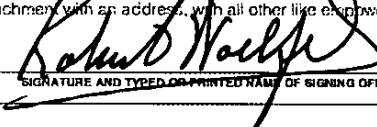
FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90028 026 ***150.00

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01142005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000061126			
1. Entity Name SAFARI CONTINENTAL, INC.			
Principal Place of Business 2159 S TAMiami TrL VENICE, FL 34293		Mailing Address 2159 S TAMiami TrL VENICE, FL 34293	
2. Principal Place of Business 434 LYONS BAY RD		3. Mailing Address 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 OLLIVER, JOHN 2159 S TAMiami TrL VENICE, FL 34293		7. Name and Address of New Registered Agent 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 1/14/2005	
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 434 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 1/14/2005 941-484-8050	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	