

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000000241

FILED  
Apr 13, 2008  
Secretary of State

Entity Name: AMSAFE DOMESTIC SECURITY, INC.

## Current Principal Place of Business:

11501 119TH TERRACE NORTH  
LARGO, FL 33778

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 8028  
SEMINOLE, FL 33778 US

## New Mailing Address:

FEI Number: 52-2448475

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STEPHEN R. MAHALICK  
11501 119TH TERRACE NORTH  
LARGO, FL 33778 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: DP ( ) Delete  
Name: MAHALICK, STEPHEN R  
Address: 11501 119TH TERRACE NORTH  
City-St-Zip: LARGO, FL 33778

Title: DV (X) Delete  
Name: EICHLER, PETER J MPH  
Address: 11501 119TH TERRACE NORTH  
City-St-Zip: LARGO, FL 33778

Title: ST ( ) Delete  
Name: KELLY, STEVE  
Address: 11501 119TH TERRACE NORTH  
City-St-Zip: LARGO, FL 33778

Title: TR (X) Delete  
Name: CLEMMENTS, CYNTHIA  
Address: 11501 119TH TERRACE NORTH  
City-St-Zip: LARGE, FL 33778

## 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: STEPHEN R MAHALICK

PRES

04/13/2008

Electronic Signature of Signing Officer or Director

Date