

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000140159

FILED  
Jan 04, 2006  
Secretary of State

Entity Name: DANA SAFETY SUPPLY, INC.

## Current Principal Place of Business:

5359 OAK BAY DRIVE  
JACKSONVILLE, FL 32277

## New Principal Place of Business:

4737 SAN JUAN AVENUE  
JACKSONVILLE, FL 32210 US

## Current Mailing Address:

5359 OAK BAY DRIVE  
JACKSONVILLE, FL 32277

## New Mailing Address:

4737 SAN JUAN AVENUE  
JACKSONVILLE, FL 32210 US

FEI Number: 20-3669539

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

F&L CORP.  
ONE INDEPENDENT DRIVE, SUITE 1300  
JACKSONVILLE, FL 32202 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: EASON, DANA D  
Address: 5359 OAK BAY DRIVE  
City-St-Zip: JACKSONVILLE, FL 32277

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: EASON, DANA D  
Address: 4737 SAN JUAN AVENUE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: P ( ) Change (X) Addition  
Name: EASON, DANA D  
Address: 4737 SAN JUAN AVENUE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: S ( ) Change (X) Addition  
Name: EASON, DANA D  
Address: 4737 SAN JUAN AVENUE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: T ( ) Change (X) Addition  
Name: EASON, DANA D  
Address: 4737 SAN JUAN AVENUE  
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information supplied with this filing does not qualify for the 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: DANA D. EASON

P

01/04/2006

Electronic Signature of Signing Officer or Director

Date