2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000014710

Entity Name: FLORIDA SAFE SHOP INC

MORRIS, NORMA E

675 INDIAN ROCKS RD # 102A

BELLEAIR BLUFFS, FL 33770 US

Name:

Address: City-St-Zip: FILED Jun 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2028 GENTRY STREET UNIT 1 CLEARWATER, FL 33765 US **New Mailing Address: Current Mailing Address:** 2028 GENTRY STREET UNIT 1 CLEARWATER, FL 33765 US FEI Number: 20-4203796 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MORRIS, ROBERT W 2028 GENTRY STREET UNIT 1 CLEARWATER, FL 33765 US 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition MORRIS, ROBERT W Name: Name: 2028 GENTRY STREET #1 Address: Address: City-St-Zip: CLEARWATER, FL 33765 US City-St-Zip: () Delete Title: VΡ Title: () Change () Addition HARRINGTON, MICHAEL Name: Name: 300 GRAHAM DR. Address: Address: CLEARWATER, FL 33765 US City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT MORRIS P 06/22/2009