

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90125 025 \*\*\*158.75

<b>DOCUMENT # P07000132771</b>					
<b>1. Entity Name</b> S.A.F.E. PLANNING INC					
<b>Principal Place of Business</b> 100 THIRD AVENUE WEST BRADENTON, FL 34205			<b>Mailing Address</b> 3750 US 27 NORTH SUITE 9 SEBRING, FL 33870		
<b>2. Principal Place of Business - No P.O. Box #</b> 6800 Professional Parkway west		<b>3. Mailing Address</b> 6800 Professional Parkway west			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02112008    Chg-P    CR2E034 (12/06)	
<b>City &amp; State</b> Lakewood Ranch, FL		<b>City &amp; State</b> Lakewood Ranch, FL		<b>4. FEI Number</b> 26-1196092	
<b>Zip</b> 34240		<b>Country</b> Sarasota		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  WILKES, W.ROY 3750 US 27 NORTH SUITE 9 SEBRING, FL 33870			<b>7. Name and Address of New Registered Agent</b> Name: <u>Steve Rainey</u> Street Address (P.O. Box Number is Not Acceptable) 6800 Professional Parkway west City: <u>Lakewood Ranch</u> <b>FL</b> Zip Code: <u>34240</u>		
<b>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.</b>					
SIGNATURE: <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)</small>				DATE: <u>4/21/08</u>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P <b>NAME</b> RAINEY, STEVE <b>STREET ADDRESS</b> 920 PIERREMONT ROAD, SUITE 105 <b>CITY - ST - ZIP</b> SHREVEPORT, LA 71106	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> WILKES, W. ROY <b>STREET ADDRESS</b> 3750 US 27 NORTH, SUITE 9 <b>CITY - ST - ZIP</b> SEBRING, FL 33870	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> RAINEY, BLAKE <b>STREET ADDRESS</b> 920 PIERREMONT ROAD, SUITE 105 <b>CITY - ST - ZIP</b> SHREVEPORT, LA 71106	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4/21/08</u> Daytime Phone #: <u>941-907-3030</u>		