

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000068536

FILED
Jan 06, 2009
Secretary of State

Entity Name: SAFE-T-LITE CORPORATION

Current Principal Place of Business:

14091 NE HWY 315
FORT MCCOY, FL 32134

New Principal Place of Business:

Current Mailing Address:

PO BOX 84
FORT MCCOY, FL 32134

New Mailing Address:

FEI Number: 61-1568694 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAVERS, WALTER
14091 NE HWY 315
FORT MCCOY, FL 32134 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: LAVERS, WALTER
Address: PO BOX 94
City-St-Zip: FT MCCOY, FL 32134

Title: D () Delete
Name: ABNEY, HOLLY
Address: PO BOX 1455
City-St-Zip: FT MCCOY, FL 32134

Title: D () Delete
Name: ABNEY, KENNETH
Address: PO BOX 1455
City-St-Zip: FT MCCOY, FL 32134

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:

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: WALTER LAVERS

DIR

01/06/2009

Electronic Signature of Signing Officer or Director

Date