

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000007221

FILED  
Apr 12, 2011  
Secretary of State

**Entity Name:** SAFE ELEVATOR CORPORATION

**Current Principal Place of Business:**

8612 SW 17TH AVE.  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

8612 SW 17TH AVE.  
STUART, FL 34997

**New Mailing Address:**

**FEI Number:** 27-1790464

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAHONEY, BRIAN  
8612 SW 17TH AVE.  
STUART, FL 34997 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

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** MAHONEY, BRIAN  
**Address:** 8612 SW 17TH AVE.  
**City-St-Zip:** STUART, FL 34997

**Title:** VP  
**Name:** MAHONEY, BRIAN JR  
**Address:** 8612 SW 17TH AVE.  
**City-St-Zip:** STUART, FL 34997

**Title:** S  
**Name:** MAHONEY, LEE  
**Address:** 8612 SW 17TH AVE.  
**City-St-Zip:** STUART, FL 34997

**Title:** T  
**Name:** MAHONEY, MARY  
**Address:** 8612 SW 17TH AVE.  
**City-St-Zip:** STUART, FL 34997

I hereby 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 all other like empowered.

**SIGNATURE:** BRIAN MAHONEY

PD

04/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date