


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000011941</b>	
1. Entity Name <b>SAFETY AUTO CENTER, INC.</b>	

Principal Place of Business <b>4722 PALM BEACH BLVD FT MYERS, FL 33905</b>	Mailing Address <b>4722 PALM BEACH BLVD FT MYERS, FL 33905</b>
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**DO NOT WRITE IN THIS SPACE**



01302006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0398726</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GRALINSKI, JOHN  
4722 PALM BEACH BLVD  
FT MYERS, FL 33905**

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE John Gralinski **John Gralinski, owner** **2-1-06**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRALINSKI, JOHN 4722 PALM BEACH BLVD FT MYERS, FL 33905
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02/15/06-80006-007 150.00

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.

SIGNATURE: John Gralinski **John Gralinski** **2-1-06** **239-643-2600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #