

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000030007
1. Entity Name
SAFeway INSPECTION SERVICE, INC.



Principal Place of Business 1012 N OCEAN BLVD APT 1003 POMPANO BEACH, FL 33062-4059 US	Mailing Address 2637 E ATLANTIC #129 POMPANO BEACH, FL 33062 US
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DO NOT WRITE IN THIS SPACE



02052007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0405121	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

**O'CONNOR, LUCILLE F
1012 N OCEAN BLVD APT 1003
POMPANO BEACH, FL 33062-4059**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000662045
03/20/07 00065-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'CONNOR, LUCILLE F 1012 N OCEAN BLVD., APT 1003 POMPANO BEACH, FL 330624059
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: *Lucille F. O'Connor* **Lucille F. O'Connor** / 03/07/07 954-328-6570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #