

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90025 049 \*\*\*150.00

**DOCUMENT # P95000014518**

1. Entity Name

**SAFEGUARD SERVICES SOUTHEAST, INC.**



Principal Place of Business

452 SUGARGLEN RD  
SKI VALLEY ACRES  
WAITSFIELD VT 05673

Mailing Address

452 SUGARGLEN RD  
SKI VALLEY ACRES  
WAITSFIELD VT 05673

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 7165

Suite, Apt. #, etc.

P.O. Box 7165

City & State

Ketchum, ID

City & State

Ketchum, ID

Zip

83340

Country

USA

Zip

83340

Country

USA

4. FEI Number

03-0346588

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

F & L CORP.  
200 LAURA STREET  
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPT  
NAME BRIGGS, JAMES R ☐ Delete  
STREET ADDRESS ~~452 SUGARGLEN DR~~  
CITY-ST-ZIP ~~WAITSFIELD VT 05673~~

TITLE DVS  
NAME BRIGGS, MARY L ☐ Delete  
STREET ADDRESS 452 SUGARGLEN DR  
CITY-ST-ZIP WAITSFIELD VT 05673

TITLE D  
NAME BRILL, DOROTHY ANN ☐ Delete  
STREET ADDRESS 48 TIMBER MILL ROAD  
CITY-ST-ZIP STANFORD CT 06903

TITLE D  
NAME ROFFEL, M. CAMERON ☐ Delete  
STREET ADDRESS CANTERBURY SCHOOL, 167 ASPATUCK AVENUE  
CITY-ST-ZIP NEW MILFNO CT 06776

TITLE D  
NAME COUCH, ELIZABETH Z ☐ Delete  
STREET ADDRESS 303 PADDOCK STREET  
CITY-ST-ZIP WATERTOWN NY 13601

TITLE D  
NAME BRIGGS, JAMES P. ☐ Delete  
STREET ADDRESS 14 FEMIA ROAD  
CITY-ST-ZIP ASHLAND MA 01721

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS P.O. Box 7165  
CITY-ST-ZIP Ketchum, ID 83340

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS P.O. Box 7165  
CITY-ST-ZIP Ketchum, ID 83340

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 90 Cambridge DR  
CITY-ST-ZIP Williamstown, MA 01267

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.

SIGNATURE:

*James R Briggs*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/2004

Date

208-726-2785

Daytime Phone #