## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000014518

Entity Name: SAFEGUARD SERVICES SOUTHEAST, INC.

FILED Jan 19, 2005 Secretary of State

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
P.O. BOX 7 SKI VALLEY KETCHUM,	Y ACRES				
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
P.O. BOX 7 SKI VALLEY KETCHUM,	Y ACRES				
FEI Number:	03-0346588	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
SUITE 1300 JACKSON\	PENDENT DF ) /ILLE, FL 322	202 US			
The above in the State		submits this statement for the pur	pose of changing its registe	ered office or registered agent, or both,	
SIGNATURE:					
		nic Signature of Registered Agent		Date	
Election Cam	paign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECT				IGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DPT ( BRIGGS, JAME P.O. BOX 7165 KETCHUM, ID	5	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVS ( BRIGGS, MAR' P.O. BOX 7168 KETCHUM, ID	5	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D ( BRILL, DOROT 48 TIMBER MII STANFORD, C	LL ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ROFFEL, M. C.	SCHOOL, 167 ASPATUCK AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( COUCH, ELIZA 303 PADDOCK WATERTOWN	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( BRIGGS, JAME 90 CANDLEWO WILLIAMSTOV	DOD DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES R. BRIGGS PRES 01/19/2005