

FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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FILED

11 MAY 16 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA5000064127	
1. Entity Name SAFER SYSTEMS, CORPORATION	

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2. Principal Place of Business - No P.O. Box # 1725 Lands End Rd		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Manalapan, FL		City & State	
Zip 33462	Country USA	Zip	Country

CR2E034B (1/11)

4. FEI Number 65-0616112	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name TOM M COFFMAN
Street Address (P.O. Box Number is Not Acceptable) 1725 Lands End Rd
City Manalapan
State FL
Zip Code 33462

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 re-instating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

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

E-mail Address:
cataractdoc@earthlink.net
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & Vice President Tom M COFFMAN 1725 Lands End Rd Manalapan, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Madonna Coffman 1725 Lands End Rd Manalapan, FL 33462
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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

5/12/11 561-346-7656