

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90022 048 \*\*\*150.00

<b>DOCUMENT # P95000092324</b>					
1. Entity Name <b>FLORIDA SAFETY PROGRAM, INC.</b>					
Principal Place of Business <b>559 SOUTH COUNTRY CLUB ROAD LAKE MARY FL 32746</b>			Mailing Address <b>8302-5 AVE BROOKLYN NY 11209 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>NO-T APPLICABLE</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	



1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PERLONGO, ANTHONY			NAME			
STREET ADDRESS	8302 FIFTH AVE			STREET ADDRESS			
CITY-ST-ZIP	BROOKLYN NY 11209			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PANKIN, AL			NAME			
STREET ADDRESS	387 JAY STREET			STREET ADDRESS			
CITY-ST-ZIP	BROOKLYN NY			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PERLONGO, PAUL			NAME	PERLONGO, Paul		
STREET ADDRESS	40 MARYLAND LANE			STREET ADDRESS	18 LONGFELLOW DR.		
CITY-ST-ZIP	ST ISLAND NY			CITY-ST-ZIP	COLONIA, NJ 07067		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PERLONGO, IRENE			NAME			
STREET ADDRESS	8302 FIFTH AVE			STREET ADDRESS			
CITY-ST-ZIP	BROOKLYN NY 11209			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Anthony Perlongo* **2/13/06** **718 745 5252**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #