2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90686 015 ***150.00

DOCUMENT # P97000065421

1. Entity Name
SAFETY NET PLUS, INC.

44042586

04272004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
718 BAYSIDE BLVD. OLDSMAR, FL 34677	P.O. BOX 260502 TAMPA, FL 33685

2. Principal Place of Business	3. Mailing Address
3402 FLORAL DR.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LARGO, FL	City & State
Zip: 33771 Country: USA	Zip Country

4. FEI Number: 59-3454101 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LARSEN, GARY 718 BAYSIDE BLVD. OLDSMAR, FL 34677	Name: JOHN V. TORTORELLO Street Address (P.O. Box Number is Not Acceptable): 4822 BONITA VISTA DR. City: TAMPA FL Zip Code: 33634

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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DRUM, DWIGHT 1007 MANDALAY BRANDON, FL 33511	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRANDON, GARY 718 BAYSIDE BLVD. OLDSMAR, FL 34677	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition D LARSEN, GARY 3402 FLORAL DR. LARGO, FL 33771
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V TOREARELLO, JOHN V 4822 BONITA VISTA DR. TAMPA, FL 33634	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition V TORTORELLO, JOHN V 4822 BONITA VISTA DR. TAMPA, FL 33634
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE: J. Tortorello VP 4/14/04 813-886-6992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #