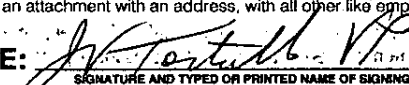


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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.					
Principal Place of Business 718 BAYSIDE BLVD. OLDSMAR, FL 34677			Mailing Address P.O. BOX 260502 TAMPA, FL 33685		
2. Principal Place of Business 3402 FLORAL DR.			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State LARGO, FL			City & State		
Zip 33771		Country USA		4. FEI Number 59-3454101	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LARSEN, GARY 718 BAYSIDE BLVD. OLDSMAR, FL 34677				7. Name and Address of New Registered Agent Name JOHN V. TORTORELLO Street Address (P.O. Box Number is Not Acceptable) 4822 BONITA VISTA DR. City TAMPA FL 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 _____ 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	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	DRUM, DWIGHT	NAME			
STREET ADDRESS	1007 MANDALAY	STREET ADDRESS			
CITY-ST-ZIP	BRANDON, FL 33511	CITY-ST-ZIP			
TITLE	D ☐ Delete	TITLE	☒ Change ☐ Addition		
NAME	BRANDON, GARY	NAME	LARSEN, GARY		
STREET ADDRESS	718 BAYSIDE BLVD.	STREET ADDRESS	3402 FLORAL DR.		
CITY-ST-ZIP	OLDSMAR, FL 34677	CITY-ST-ZIP	LARGO, FL 33771		
TITLE	V ☐ Delete	TITLE	☒ Change ☐ Addition		
NAME	TORTORELLO, JOHN V	NAME	TORTORELLO, JOHN V		
STREET ADDRESS	4822 BONITA VISTA DR.	STREET ADDRESS	4822 BONITA VISTA DR.		
CITY-ST-ZIP	TAMPA, FL 33634	CITY-ST-ZIP	TAMPA, FL 33634		
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ 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 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: 			Date 4/14/04 Daytime Phone # 813-886-6992		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					