## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000065421

Entity Name: SAFETY NET PLUS. INC.

4822 BONITA VISTA DR.

TAMPA, FL 33634

Address:

City-St-Zip:

FILED Apr 29, 2008 Secretary of State

Entity Na	me: SAFETY	NET PLUS, INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
3402 FLORAL DR. LARGO, FL 33771			A98	377 S MCMULLEN BOOTH RD A98 CLEARWATER, FL 33759			
Current Mailing Address:				New Mailing Address:			
P.O. BOX TAMPA, F							
FEI Number	: 59-3454101	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desire	ed ( )	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:			
	ELLO, JOHN ITA VISTA DI L 33634 L						
	e named entity e of Florida.	submits this statement for the	purpose of changing i	its registere	d office or registered agent,	, or both,	
SIGNATUI	RE:						
	Electro	onic Signature of Registered Ag	ent		Date		
Election Ca	mpaign Financi	ng Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D ( DRUM, DWIG 1007 MANDA BRANDON, F	_AY	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	D ( LARSEN, GAI 3402 FLORAI LARGO, FL 3	. DR.	Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition BARY IULLEN BOOTH RD #A98 TER, FL 33759		
Title: Name:	V (	) Delete D, JOHN V	Title: Name:		( ) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: JOHN TORTORELLO VP V 04/29/2008