

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90023 004 ***150.00

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|--|---------------------------------|---|---|---|--|
| DOCUMENT # P97000074078 | | | | | |
| 1. Entity Name THE SAFETY CENTER, INC. | | | | | |
| Principal Place of Business 1519-1 PARK MEADON DR. FORT MYERS, FL 33907 US | | | Mailing Address 1519-1 PARK MEADON DR. FORT MYERS, FL 33907 US | | |
| 2. Principal Place of Business 5115 WESTMINSTER DR Suite, Apt. #, etc. | | 3. Mailing Address 5115 WESTMINSTER DR Suite, Apt. #, etc. | | | |
| City & State FT MYERS FL | | City & State FT MYERS FL | | 4. FEI Number 65-0781531 | |
| Zip 33919 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DUNCAN, ALLEN B 1519-1 PARK MEADOWS DR FORT MYERS, FL 33907 | | | | 7. Name and Address of New Registered Agent DUNCAN, ALLEN B 5115 WESTMINSTER DR FT MYERS FL 33919 | |
| 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: <u>[Signature]</u> <u>ABDUNCAN</u> <u>3/09/04</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE D NAME DUNCAN, ALLEN B STREET ADDRESS 1519-1 PARK MEADOWS DR CITY-ST-ZIP FORT MYERS, FL 33907 | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | |
| D.P. DUNCAN, ALLEN B <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5115 WESTMINSTER DR FT MYERS FL 33919 | | | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
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| 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: <u>[Signature]</u> <u>A.B. DUNCAN</u> <u>3/09/04</u> <u>239-415-9714</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |