


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000105698							
1. Entity Name HOME SAFETY PRODUCTS, INC.							
Principal Place of Business 392 SEAGRAPE AVE. SEBASTIAN FL 32958		Mailing Address 392 SEAGRAPE AVE. SEBASTIAN FL 32958					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 65-0804398			
Zip	Country	Zip	Country	Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>			8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
QUINN, DEREK M 392 SEAGRAPE AVE SEBASTIAN FL 32958			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 _____ DATE _____ <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, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	NAME		TITLE	NAME			
	QUINN, DEREK M <input type="checkbox"/> Delete						
STREET ADDRESS	392 SEAGRAPE AVE		STREET ADDRESS				
CITY-ST-ZIP	SEBASTIAN FL 32958		CITY-ST-ZIP				
TITLE			TITLE				
				U00000338305 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS			STREET ADDRESS	04/28/05-80030-015 150.00			
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE			TITLE				
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE			TITLE				
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE			TITLE				
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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)(f), 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>Derek M. Quinn</u> <u>Derek M. Quinn</u> <u>4-18-05</u> <u>1-877-472-2222</u>							
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							