2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jul 14, 2004 8:00 am Secretary of State **DOCUMENT # P98000048774** 1. Entity Name SAFE HAVEN ESTATES, INC. 07-14-2004 90002 030 ***150.00 Principal Place of Business Mailing Address **5 NO BEST POINT 5 NO BEST POINT** INVERNESS, FL 34450 INVERNESS, FL 34450 US 3. Mailing Address 13040 Sw 1157 2. Principal Place at Business 13040000 11 455 Suite, Apt. #, etc. Suite, Apt. #, etc. 07112004 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number DAUIE 65-0894817 Not Applicable ountry Country \$8.75 Additional 5. Certificate of Status Desired Rowar. 33325 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORE LUNDELIUS, WALTER D SR (P.O. Box Number is Not Acceptable) 5 NO. BEST POINT INVERNESS, FL 34450 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. the obligations of registered agen SIGNATURE inted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9.-Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 8, 2004 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ■ Addition LUNDELIUS, WALTER D SR NAME NAME 5 NO. BEST POINT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP INVERNESS, FL 34450 CITY-ST-ZIP Change ☐ Addition TITLE TITLE OTTO, HORST NAME NAME 130405W 1125T DAVIEFL 33325 5 NO. BEST POINT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP INVERNESS; FL 34450 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE B.S. Elmors (Elmore NAME NAME 13040 SW 11 50 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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 eport 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 true 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 a fiddress, with all other like empowered B.J. Elmores SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Ottachment

BJ's Place, Inc. 4404830

BJ's Place, Inc. 13040 SW 11th Street

Davie Florida 33325

Phone: 954 370-4724

Fax: 954 577-6167

July 10, 2004

Division of Corporations PO Box 1500 Tallahassee FL 32305-1500

RE: Safe Haven Estates Inc.
Document # P98000048774

Dear Sirs:

Enclosed please find the 2004 Annual Report for Safe Haven Estates, Inc Document # P98000048774.

The Registered Agent, Walter D. Lundelius Sr, dies on Feb 28, 2004, if the renewal notice was received in his office it was not forwarded to Mr Otto or myself. In the past Mr Lundelius has mailed this report in. We were unaware that this had not been taken care of until Mrs Lundelius forwarded the "Notice of Intent to Dissolve" to me a few days ago.

We are asking for an abatement of the penalties since the death of Mr^{\parallel} Lundelius this was not taken care of in a timely manner.

I have downloaded a form from the inter net and completed the form with the change of Registered Agent and Address along with a check in the amount of \$158.75 with the hope that you will give thyi9s request a positive response.

Thank you for your assistance in this matter.

Bobbie J. Elmore

Agent for

Safe Haven Estates, Inc.