


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90409 047 ***150.00

DOCUMENT # P99000057025 1. Entity Name SAFE FIRE CORP.																													
Principal Place of Business 2742 DARNELL CT. DELTONA, FL 32738			Mailing Address 2742 DARNELL CT. DELTONA, FL 32738																										
2. Principal Place of Business 470 CLARK HILL RD Suite, Apt. #, etc.		3. Mailing Address PO BOX 600 Suite, Apt. #, etc.																											
City & State OSTEEN, FLORIDA Zip 32764		City & State OSTEEN, FLORIDA Zip 32764		4. FEI Number 59-3584182																									
Country USA		Country USA		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04192006 Chg-P CR2E034 (11/05)																									
6. Name and Address of Current Registered Agent JONES, STEVEN L 2742 DARNELL CT. DELTONA, FL 32738			7. Name and Address of New Registered Agent Name STEVEN L JONES Street Address (P.O. Box Number is Not Acceptable) 470 CLARK HILL RD City OSTEEN State FL Zip Code 32764																										
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><i>Steven L Jones</i></u> STEVEN L JONES DATE 4/19/06 <small>Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when re-registering)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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><i>Steven L Jones</i></u> STEVEN L JONES DATE 4/19/06 DAYTIME PHONE # 386-574-7796 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													