

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000058813

FILED  
Apr 27, 2008  
Secretary of State

Entity Name: NORTH FLORIDA SAFETY AND TRAINING CENTER, INC.

**Current Principal Place of Business:**

325 SW BRODERICK DR.  
LAKE CITY, FL 32025

**New Principal Place of Business:**

**Current Mailing Address:**

325 SW BRODERICK DR.  
LAKE CITY, FL 32025

**New Mailing Address:**

FEI Number: 59-3590264      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

NICHOLS, LEROY  
325 SW BRODERICK DR.  
LAKE CITY, FL 32025 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: NICHOLS, LEROY  
Address: 325 SW BRODERICK DR.  
City-St-Zip: LAKE CITY, FL 32025

Title: D ( ) Delete  
Name: NICHOLS, JANE  
Address: 325 SW BRODERICK DR.  
City-St-Zip: LAKE CITY, FL 32025

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: LEROY NICHOLS

D

04/27/2008

Electronic Signature of Signing Officer or Director

Date