2005 FOR PROFIT CORPORATION ANNUAL REPORT				FILED May 05, 2005 8:00 am			
DOCUMENT # P99000062998 1. Entity Name SAFEWAY CONSTRUCTION AND DEVELOPMENT, INC.				Secretary of State 05-05-2005 90113 018 ***150.00			
Principal Place of Business 8098 91ST TERRACE N ST. PETERSBURG, FL 33773 US	8 91ST TERRACE N P.O. BOX 10007					500495	83
2. Principal Place of Business 8100 PARK BLVD 3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.				04302005	Chg-P	CR2E034 (10/03)	
City & State DINELLAS PARK, FL	NELLAS PARK, FL			4. FEI Number 59-36314	18	N	pplied For of Applicable
Zip Country 33781 USA 6. Name and Address of Current I	Zip Registered Agent	Country		5. Certificate of S		E \$8.75 Ad Fee Require	
REED, JOHN W 8098 91 TERRACE N ST. PETERSBURG, FL 33773			7. Name and Address of New Registered Agent Name Composition Composition				
		City P.	INE.	LLAS F	ARK	FL Zg G	281
 The above named entity submits this statement for the obligations of registered agent. SIGNATURE Signature (when or printed name of registered agent is Signature (when or printed name of registered agent is FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 	eed and title if applicable. (NOT 9. Election Campa	E: Registered Agent signatu	se required \$				
10. OFFICERS AND DIRECTORS 11.				ADDITIONS/CH	ANGES TO OFF	ICERS AND DIRECTOP	
TITLE D SAME REED, JOHN W STREET ADDRESS 8098 91ST TERRACE N CITY-ST-ZIP SEMINOLE, FL 33777	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 RE2 810 PI	O, JOHN DO PARK VELLAS	W BLVC PARI		Addition
TITLE NAME STREET ADORESS CITY-ST- ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY - ST - 21P	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
 I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee empt changed, or on an attachment with an address, y 	true and accurate and that r owered to execute this report	ny signature shall h as required by Cha	ave the s	ame legal effect as	if made under nd that my nam	oath: that I am an office	r or director
SIGNATURE: X SEMATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER	OR DIRECTOR		413	Date	Daytime Phone #	25