FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000063691

1. Entity Name Safety Institute of Central Fl. Inc.



FILED Aug 10, 2005 8:00 am Secretary of State

08-10-2005 90017 036 ***150.00

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								500608	20		
2. Principal Place of Business			3. Mailing Address				•	γυσουδ	36		
850 Ne 36th Terrace		P.O. Box 188									
Suite, Apt. : Suite (#, etc.		Suite, Apt. #, etc.				DO NOT WRIT	TE IN THIS SPA	∖CE		
City & State	3		City & State			4. F	FEI Number		Applied For		
Ocala, Fl.			Ocala, Fl.				93588569		Not Applicable		
Zip		Country	Zip	Cour	try	-	Certificate of Status Desired	□· \$8	3.75 Additional		
34470 :		Marion	34478	Mar	ion		·	Fe	e Required		
					Name	7. Na	me and Address of Current	Registered A	gent		
	P's A	A PLOT IA	DITE	John Smith							
- ·	U(O-NOI-W	RITE		Street Address (P.O. Box Number is Not Acceptable)						
	11	I THIS SF	DACE		542 Live Oak Ave.						
	8 8 7		AOL								
<i>*</i> •					City Daytona Beach, F1. FL Zip Code 32114						
			or the purpose of changing	g its register			ent, or both, in the State of Flo	rida. I am fami	liar with, and accept		
the obligati	ions of register		Λ	0	Λĺ						
CIONATURE.	Toba C	. ; n i + h	ON	X- "	ttL.			Aug. 9,	2005		
SIGNATURE _	Signature, typed or	nten name of registered agent	and title if applicable.	NOTE Registere	d Agent signature rec	dared when re	einstating)	DATE	2003		
	After May 1, Amended	/ 1 Fee is \$150.00 Fee is \$550.00 UBR is \$61.25					Election Campaign Fin. Trust Fund Contribution		\$5.00 May Be Added to Fees		
10.	Payable to r	Florida Department of OFFICERS AND									
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		Lakeview Ave.			ET ADDRESS		DO NOT	MAND IT	慶		
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CATALOT ADDRESS				2100	07.70						

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: William Harvey SIGNATURE AND TYPED OR PRINTED NAME OF

Aug. 9, 2005

352-732-8555

Safety Institute of Central Fl. Inc. 850g NE 36th Terrace Ocala, Fl. 34470

To Whom it may concern.

Enclosed you will find the Annual Report form for the Safety Institute of Central Fl. Inc. We never received our Annual Form and tried many times to down load a form and was unable to do so. I called the Div. of Corporations 23 times and was unable to speak with a live person. I finally ended up sending a letter to Ms. Glenda Hood, the Secretary of State and her office did send out the Annual Report forms, which is enclosed. I have also enclosed the report form and a check for \$150.00.

Should there be any additional charges, you may contact me at 352-732-8555.

Thank you in advance for any considerations on this matter. Enclosed is also a copy of the letter sent to the Secretary of State.

Respectfully yours,

William Harvey

President Safety Institute of Central Fl. Inc.

ATTACHMENT P990006

Safety Institute of Central Phe. 850G ME 36th Terrace

Ocala, Fl. 34470

Phone 352-132-8555 Fax 352-690-6682

Florida Dept. of State Secretary of State Ms. Glenda E. Haad P.O. Box 6327 Tallahassee, Florida 32314

Dear Ms Hood,

I have been trying for the last two and one half menths to obtain an Annual Report Form. I have ealled the Div. of Corporations 23 times and have not been able to speak to a real person. I have tried to down load the form on the inter net but have not been successful.

My question is, Is there any may I can obtain a form that will permit me to file my annual report:

Thank you for any help you ean give an this matter.

William Harvey President Safety Institute of Central Inc.