2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2006
Secretary of State

DOCUMENT# P99000063691

Entity Name: SAFETY INSTITUTE OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

850 G N.E. 36TH TERRACE
SUITE G
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

PO BOX 188
OCALA, FL 34478

New Mailing Address:

FEI Number: 59-3588569 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, JON
542 LIVE OAK AVE
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

SMITH, JOHN
542 LIVE OAK AVE
DAYTONA BEACH, FL 32114 US

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: JOHN SMITH 01/06/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HARVEY, WILLIAM
Address: 9897-F SW 88 COURT ROAD
City-St-Zip: OCALA, FL 34481

Title: D ( ) Delete
Name: SMITH, JOHN
Address: 542 LIVE OAK AVE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D ( ) Delete
Name: JENSEN, TODD
Address: 628 N. LAKEVIEW AVE
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: WILLIAM HARVEY P 01/06/2006
Electronic Signature of Signing Officer or Director Date