

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000063691

FILED  
Apr 28, 2007  
Secretary of State

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:

850 G NE 36 TERRACE  
OCALA, FL 34470

FEI Number: 59-3588569

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, JOHN  
542 LIVE OAK AVE  
DAYTONA BEACH, FL 32114 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: 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: D (X) Change ( ) Addition  
Name: HARVEY, WILLIAM  
Address: 9897-F SW 88 COURT ROAD  
City-St-Zip: OCALA, FL 34481

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

Title: P (X) Change ( ) Addition  
Name: JENSEN, TODD  
Address: 9897F SW 88 COURT ROAD  
City-St-Zip: OCALA, FL 34480

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: WILLIAM HARVEY

D

04/28/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date