


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90006 048 ***150.00

DOCUMENT # P99000063691					
1. Entity Name SAFETY INSTITUTE OF CENTRAL FLORIDA, INC.					
Principal Place of Business 850 G N.E. 36TH TERRACE SUITE G OCALA, FL 34470			Mailing Address 850 G NE 36 TERRACE SUITE G OCALA, FL 34470		
2. Principal Place of Business - No P.O. Box # 850 NE 36th Terrace		3. Mailing Address 850 NE 36th Terrace			
Suite, Apt. #, etc. Suite G		Suite, Apt. #, etc. Suite G			
City & State Ocala, FL.		City & State Ocala, FL.		4. FEI Number 59-3588571	
Zip 34470-1075		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JENSEN, TODD R 9897-F SW 88TH COURT ROAD OCALA, FL 34481			7. Name and Address of New Registered Agent Name Todd R. Jensen Street Address (P.O. Box Number is Not Acceptable) 8673 SW 96th Lane, Unit G City Ocala, FL. FL Zip Code 34481-9098		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u>Todd R. Jensen</u> Todd R. Jensen (President & Registered Agent) <u>03/14/2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JENSEN, TODD R 9897-F SW 88 COURT ROAD OCALA, FL 34481		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Todd R. Jensen 8673 SW 96th Lane, Unit G Ocala, FL. 34481-9098	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Todd R. Jensen</u> Todd R. Jensen			03/14/2008 Office# (352) 732-8555		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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