2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2011
Secretary of State

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Entity Name: SAFETY INSTITUTE OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

8673 SW 96TH LANE
UNIT G
OCALA, FL 34481 US

Current Mailing Address:

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

New Mailing Address:

P.O. BOX 772182
OCALA, FL 344772182 US

FEI Number: 59-3588571 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JENSEN, TODD R
8673 SW 96TH LANE UNIT G
OCALA, FL 34481 US

Name and Address of New Registered Agent:

JENSEN, TODD R
8673 SW 96TH LANE
UNIT G
OCALA, FL 34481 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: TODD R. JENSEN 04/07/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: JENSEN, TODD R
Address: 8673 SW 96TH LANE, UNIT G
City-St-Zip: OCALA, FL 34481

I hereby 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 all other like empowered.

SIGNATURE: TODD R. JENSEN P 04/07/2011
Electronic Signature of Signing Officer or Director Date