

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90247 006 ***150.00

DOCUMENT # P99000084402

1. Entity Name
EMPLOYSAFE TECHNOLOGIES INC.



Principal Place of Business
**3899 VALENCIA ROAD
JACKSONVILLE, FL 32205**

Mailing Address
**PO BOX 778
ORANGE PARK, FL 32067**

20039995



2. Principal Place of Business

9356 Crystal Springs Rd

3. Mailing Address

Suite, Apt. #, etc.
Suite FL

City & State
Orlando FL

City & State

Zip
32801

Country
US

Zip

Country

04192005

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3644112

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCLEAN, TOM
236 INDUSTRIAL LOOP
ORANGE PARK, FL 32073**

7. Name and Address of New Registered Agent

Name

Nikki Becky

Street Address (P.O. Box Number is Not Acceptable)

9356 Crystal Springs Rd

City **Orlando**

FL

Zip Code
32801

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

Nikki Becky

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/19/05

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
FRASIER, MYRA
PO BOX 778
ORANGE PARK, FL 32067**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

Myra Frasier, CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/19/05

Date

Daytime Phone #