


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000097931  
1. Entity Name  
PLAY IT SAFE, INC.



Principal Place of Business  
5459 NEW JERSEY AVENUE  
DELEON SPRINGS, FL 32130

Mailing Address  
5459 NEW JERSEY AVENUE  
DELEON SPRINGS, FL 32130

**DO NOT WRITE IN THIS SPACE**



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3609615

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
ALEXANDER, WILLIAM R  
5459 NEW JERSEY AVENUE  
DELEON SPRINGS, FL 32130

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	D
NAME	BAUSLAUGH, LOUIS
STREET ADDRESS	5459 NEW JERSEY AVENUE
CITY - ST - ZIP	DELEON SPRINGS, FL 32130
TITLE	D
NAME	BAUSLAUGH, JAMIE
STREET ADDRESS	5459 NEW JERSEY AVENUE
CITY - ST - ZIP	DELEON SPRINGS, FL 32130
TITLE	D
NAME	WATSON, CURTIS G JR.
STREET ADDRESS	2784 BEGONIA COURT
CITY - ST - ZIP	DEL RAY BEACH, FL 33345
TITLE	D
NAME	MERRILL, JAMES JR.
STREET ADDRESS	121 DEER PATH LANE
CITY - ST - ZIP	FREEHOLD, NJ 07728
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/24/05-80154-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Louis E. Bauslaugh 1/19/05 (386) 985-0133  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #