


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # S08663 1. Entity Name SAFETY MARINE SERVICES, INC.	
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Principal Place of Business P O BOX 4057 CLEARWATER, FL 33758 US	Mailing Address P O BOX 4057 CLEARWATER, FL 33758 US
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DO NOT WRITE IN THIS SPACE



02022008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3037790	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PANTELARAS, PAVLOS C.
100 HAMPTON RD
LOT 182
CLEARWATER, FL 33759**

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000830488 02/26/08-80084-024 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PANTELARAS, PAVLOS C. 100 HAMPTON RD LOT 182 CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JACKSON, DEBRA 100 HAMPTON RD LOT 182 CLEARWATER, FL 33759
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **DEBRA JACKSON** **727**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #