## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # V69033

1. Entity Name

SOUTHWEST FLA. SAFETY CONSULTING INC.



FILED
May 03, 2007 08:00 AM
Secretary of State

Principal Place of Business

692 TURTLE LANE LA BELLE, FL 33935 Mailing Address

POST OFFICE BOX 447 LA BELLE, FL 33975



DO NOT WRITE IN THIS SPACE

04302007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0372584

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOWARD, EMORY W 692 TURTLE LANE LA BELLE, FL 33935

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the putions of registered agent.	urpose of changing its registered	office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent				gent signature required when renshibing) DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financir     Trust Fund Contribution.	ig 🔲	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS		· · · · · · · · · · · · · · · · · · ·		
TITLE : NAME STREET ADDRESS CITY-ST-ZIP	PDVP HOWARD, EMORY W 692 TURTLE LANE LA BELLE, FL 33935				V00000760185	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					05/25/07-80002-011 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP': 3					·	

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPEGOR PRINTED NAME OF SIGNING OFFICER OR DIBECTOR

4/38/07

Daytime Phone #