


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90221 032 \*\*\*150.00

|   |                          |  |   |   |                                   |          |  |
|---|--------------------------|--|---|---|-----------------------------------|----------|--|
| <b>DOCUMENT # K08339</b>  |                          |  |   |  |                                   |          |  |
| 1. Entity Name<br><b>SAFARI HOUSE CORPORATION</b>   |                          |  |   |   |                                   |          |  |
| Principal Place of Business<br>3 PHEASANT HILL LANE<br>DUXBURY MA 02332<br>US   |                          |  | Mailing Address<br>3 PHEASANT HILL LANE<br>DUXBURY MA 02332<br>US   |   |                                   |          |  |
| 2. Principal Place of Business  |                          |  | 3. Mailing Address  |   |                                   |          |  |
| Suite, Apt. #, etc.   |                          |  | Suite, Apt. #, etc.   |   |                                   |          |  |
| City & State  |                          |  | City & State  |   |                                   |          |  |
| Zip   |                          | Country                                    |   | 4. FEI Number <b>59-2861281</b>   |                                   |          |  |
|   |                          |  |   | Applied For<br><input type="checkbox"/> Not Applicable                            |                                   |          |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                          |  |   | <b>\$8.75 Additional Fee Required</b>   |                                   |          |  |
| 6. Name and Address of Current Registered Agent   |                          |  | 7. Name and Address of New Registered Agent   |   |                                   |          |  |
| A.G.C. CO.<br>200 S ORANGE AVE<br>SUITE 2300<br>ORLANDO FL 32801  |                          |  | Name  |   |                                   |          |  |
|   |                          |  | Street Address (P.O. Box Number is Not Acceptable)  |   |                                   |          |  |
|   |                          |  | City  |   | FL                                | Zip Code |  |
|   |                          |  |   |   |                                   |          |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |                          |  |   |   |                                   |          |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br>After May 1, 2004 Fee will be \$550.00<br>Make Check Payable to Florida Department of State   |                          |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |                                   |          |  |
| 10. OFFICERS AND DIRECTORS  |                          |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                             |                                   |          |  |
| TITLE   | ST                       | <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |          |  |
| NAME  | MURPHY, SHARON LEE YOUNG |  | NAME  |   |                                   |          |  |
| STREET ADDRESS  | 113 FRONT ST             |  | STREET ADDRESS  |   |                                   |          |  |
| CITY-ST-ZIP   | KEY WEST FL 33040        |  | CITY-ST-ZIP   |   |                                   |          |  |
| TITLE   | P                        | <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |          |  |
| NAME  | YOUNG, GEOFFREY WILLITS  |  | NAME  |   |                                   |          |  |
| STREET ADDRESS  | 519 3RD ST NE            |  | STREET ADDRESS  |   |                                   |          |  |
| CITY-ST-ZIP   | WASHINGTON DC            |  | CITY-ST-ZIP   |   |                                   |          |  |
| TITLE   | VP                       | <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |          |  |
| NAME  | GUITTARR, CANDACE MARIE  |  | NAME  |   |                                   |          |  |
| STREET ADDRESS  | 3 PHEASANT HILL LANE     |  | STREET ADDRESS  |   |                                   |          |  |
| CITY-ST-ZIP   | DUXBURY MA               |  | CITY-ST-ZIP   |   |                                   |          |  |
| TITLE   | D                        | <input checked="" type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |          |  |
| NAME  | MURPHY, TERENCE J.       |  | NAME  |   |                                   |          |  |
| STREET ADDRESS  | 113 FRONT ST             |  | STREET ADDRESS  |   |                                   |          |  |
| CITY-ST-ZIP   | KEY WEST FL 33040        |  | CITY-ST-ZIP   |   |                                   |          |  |
| TITLE   | D                        | <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |          |  |
| NAME  | YOUNG, BERNADINE CRAHALL |  | NAME  |   |                                   |          |  |
| STREET ADDRESS  | 519 3RD ST NE            |  | STREET ADDRESS  |   |                                   |          |  |
| CITY-ST-ZIP   | WASHINGTON DC            |  | CITY-ST-ZIP   |   |                                   |          |  |
| TITLE   | D                        | <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |          |  |
| NAME  | GUITTARR, DENNIS C.      |  | NAME  |   |                                   |          |  |
| STREET ADDRESS  | 3 PHEASANT HILL LANE     |  | STREET ADDRESS  |   |                                   |          |  |
| CITY-ST-ZIP   | DUXBURY MA               |  | CITY-ST-ZIP   |   |                                   |          |  |
| 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: <i>Dennis C. Guittarr</i>  |                          | 1/28/04                                    |   | 781-934-7547  |                                   |          |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                          | Date                                       |   | Daytime Phone #   |                                   |          |  |