


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90409 047 \*\*\*150.00

**DOCUMENT # P99000057025**

1. Entity Name  
**SAFE FIRE CORP.**



Principal Place of Business  
**2742 DARNELL CT.  
 DELTONA, FL 32738**

Mailing Address  
**2742 DARNELL CT.  
 DELTONA, FL 32738**

2. Principal Place of Business  
**470 CLARK HILL RD**  
 Suite, Apt. #, etc.

3. Mailing Address  
**PO BOX 600**  
 Suite, Apt. #, etc.



04192006 Chg-P CR2E034 (11/05)

City & State  
**OSTEEN, FLORIDA**

City & State  
**OSTEEN, FLORIDA**

Zip  
**32764** Country  
**USA**

Zip  
**32764** Country  
**USA**

4. FEI Number  
**59-3584182**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**JONES, STEVEN L  
 2742 DARNELL CT.  
 DELTONA, FL 32738**

7. Name and Address of New Registered Agent

Name  
**STEVEN L JONES**

Street Address (P.O. Box Number is Not Acceptable)  
**470 CLARK HILL RD**

City  
**OSTEEN** State  
**FL** Zip Code  
**32764**

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: *Steven L Jones* **STEVEN L JONES** DATE: **4/19/06**

Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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	<b>P</b> <b>JONES, STEVEN L</b> <b>2742 DARNELL CT.</b> <b>DELTONA, FL 32738</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Steven L Jones* **STEVEN L JONES** DATE: **4/19/06** Daytime Phone #: **386-574-7796**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR