

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 540213

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: AMERICAN COLONIAL LOCKSMYTHS, INC.

**Current Principal Place of Business:**

1550 W. 84 ST.  
SUITE #12  
HIALEAH, FL 33014 US

**New Principal Place of Business:**

31S.SHELL RD  
DEBARY, FL 32713 US

**Current Mailing Address:**

1550 W. 84 ST.  
SUITE #12  
HIALEAH, FL 33014 US

**New Mailing Address:**

31S.SHELL RD.  
DEBARY, FL 32713 US

FEI Number: 59-1753284

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WATTS, JAMES A.  
1550 W. 84TH ST.  
HIALEAH, FL 33014 US

**Name and Address of New Registered Agent:**

WATTS, JAMES A.  
31S.SHELL RD.  
DEBARY, FL 32713 US

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.

SIGNATURE: JAMES A. WATTS

04/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WATTS, JAMES A  
Address: 1810 SW 98TH TERR  
City-St-Zip: MIRAMAR, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: WATTS, JAMES A  
Address: 31S.SHELL RD.  
City-St-Zip: DEBARY, FL 32713 VO

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES A. WATTS

PD

04/24/2009

Electronic Signature of Signing Officer or Director

Date