

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 07, 2005 08:00 AM
Secretary of State**

DOCUMENT # J36583 1. Entity Name ARROW LOCKSMITHS, INC.	
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Principal Place of Business 848 NORTH FED HWY POMPANO BEACH, FL 33062	Mailing Address 848 NORTH FED HWY POMPANO BEACH, FL 33062
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DO NOT WRITE IN THIS SPACE



07052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2755722	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SMITH, STANFORD
848 NORTH FEDERAL HW
POMPANO BEACH, FL 33062**

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

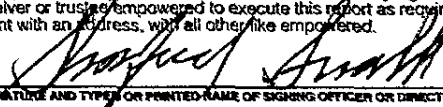
FILE NOW!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS SMITH, STANFORD L. 848 NO FED HWY POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, STANFORD L. 848 NO FED HWY POMPANO BEACH, FL
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07/07/05-80008-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **7/5/05 954/942-0793**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____