

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000114700

1. Entity Name
ARNIES DISCOUNT LOCKS & DOORS, INC.



Principal Place of Business
**4356 SEAGULL DRIVE
MERRITT ISLAND, FL 32953 US**

Mailing Address
**4356 SEAGULL DRIVE
MERRITT ISLAND, FL 32953 US**



02082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0307234

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MOSKOWITZ, ARNOLD PRES
4356 SEAGULL DRIVE
MERRITT ISLAND, FL 32953**

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MOSKOWITZ, ARNOLD PRES
STREET ADDRESS	4356 SEAGULL DRIVE
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	VP
NAME	MOSKOWITZ, SHEILA V PRES
STREET ADDRESS	4356 SEAGULL DRIVE
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/11/08-80036-003 150.00

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IN THIS SPACE**

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: *Arnold Moskowitz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-08 (321) 452-1200
Date Daytime Phone #