2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # V00654

1. Entity Name

A-1 LOCKSMITH SERVICE OF THE PALM BEACHES, INC.

and the state of the state of



Principal Place of Business

4545 FOREST HILL BLVD

SUITE 6

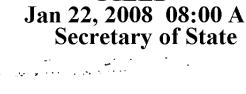
WEST PALM BEACH, FL 33415

Mailing Address

4545 FOREST HILL BLVD

SUITE 6

WEST PALM BEACH, FL 33415



FILED



01162008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0302045

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHNEIDER, VAN R. 4675 KELLY DR

WEST PALM BEACH, FL 33415

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				•	
the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	ed office or re	gistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature typed or printed name of registered agent and little it	applicable (NOTE Registered	d Agent aignature	equired when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.			icing	\$5.00 May Be Added to Fees	
10	OFFICERS AND DIREC	TORS		••	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEIDER, VAN R. 4675 KELLY DR WEST PALM BEACH, FL 33415				W00000791023 01/23/00-80057-017 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHNEIDER, ADRIANE 4675 KELLY DR WEST PALM BEACH, FL 33415				01/23/08-80057-017 150.00
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NAME STREET ADDRESS CITY-ST-ZIP		3.5	ermenen Agelia de e es	The second of th	For the second s
12. Legraby cartify that the information supplied with this filling does not qualify for the exemptions contained in Chanter 119. Florida Statutes. I further certify that the information					

indicated on this report or supplied with this little documents 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 giver like empowered.

SIGNATURE: _

Daytime Phone #