


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90187 019 ***150.00

DOCUMENT # P02000049372	
1. Entity Name A-1 BEST LOCK & DOOR, INC.	

Principal Place of Business 2182 NW 18TH AVE BAY #18 POMPANO BEACH, FL 33069	Mailing Address 2182 NW 18TH AVE BAY #18 POMPANO BEACH, FL 33069
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4404748Z

2. Principal Place of Business 3000 N. UNIVERSITY DR STE E	3. Mailing Address P.O. Box 771210
Suite, Apt. #, etc. STE E	Suite, Apt. #, etc.
City & State CORAL SPRINGS FL	City & State CORAL SPRINGS FL
Zip 33065	Zip 33077-1210
Country USA	Country USA



06182004 Chg-P CR2E034 (10/03)

4. FEI Number 01-0685511	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MULL, DAVID 2182 NW 18TH AVE POMPANO BEACH, FL 33069	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3000 N. UNIVERSITY DR STE E Coral Springs FL 33065
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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 *David C Mull* DATE 6-18-04

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

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MULL, DAVID 2182 NW 18TH AVE BAY 18 POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3000 N. UNIVERSITY DR STE E CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 exemption stated in Section 119.07(3)(i), 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: *David C Mull* DATE 6-18-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

M A S
PO BOX 771210

44047482

Coral Springs, Fl. 33077-1210

954-346-7288 - Broward 954-346-7217 Fax 305-621-9382 - Dade

07/01/04

Florida Department of State
PO BOX 6327
Tallahassee, Fl. 32314

Re: A-1 Best Lock & Door, Inc.
Doc # P02000049372-

To Whom It May Concern:

We are enclosing an original signed copy of the application for the corporate annual renewal for our client, Inc.

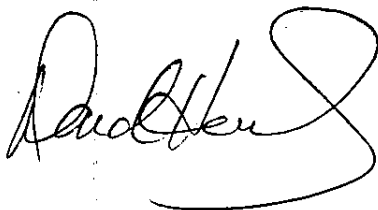
We are providing a check for the annual fee, however, we have not included the penalty as the client did not receive the postcard sent to companies to file the renewal due to a change in address.

The client, aware of the filing requirement, contacted our office to confirm the form had not been filed. He then asked our assistance to complete the form and file it on his behalf.

Therefore we are requesting reinstatement on behalf of A-1 Best Lock & Door, Inc. based on not having received his 2004 Uniform business report due to a change of address.

The client has been made aware of the filing deadline for future years.
Should you have any questions, please contact my office.

Thank you,
Sincerely,



David Hernandez