2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2005 8:00 am Secretary of State

DOCUMENT # P9900004528 1. Entity Name A & D LOCK & KEY OF USA INC.							04-27-2005 9	0286 035	5 ***150.	00
Principal Place 530 WEST W SEFFNER, FL	HEELER RD	3	Mailing Address 530 WEST WHEELER RD SEFFNER, FL 33584			<i>.</i>				
Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01242005	Chg-P	CR2E0:	34 (10/03)	
City & State			City & State			4. FEI Number 59-354				plied For t Applicable
Zip	Country		Zip	Cour	ntry		of Status Desired	<u> </u>	\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent					Name	7. Name and	Address of New R	legistered A	gent	
PASEK, MICHAEL D 4851 85TH AVE PINELLAS PARK, FL 33781					Street Address (P.O. Box Number is Not Acceptable)					
					City			FL	Zip Cod	в
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										
FiL After Ma	E NOW!!! ay 1, 200!	FEE IS \$150.00 5 Fee will be \$550			ncing \$	\$5.00 May Be Added to Fees		·		
10.		OFFICERS AND		11.		ADDITIONS	CHANGES TO OFF	ICERS AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DANUTA T WHEELER RD R, FL 33584	☐ Delete		_				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	530 WES	BOGUSLAW T WHEELER RD R. FL 33584	☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CIT	ME NEET ADDRESS Y-ST-ZIP				☐ Change	☐ Addition
12. I hereby of indicated of the corchanged	certify that the certify that the certify that the certification or the certification or the certification or on an attention or on a	e information supplied wi rt or supplemental report he receiver or trustee emp achment with an address	th this filing does not qualifies true and accurate and the cowered to execute this repower with all other like empower	y for the extent my signal port as required.	emption stated in ature shall have the lired by Chapter	n Section 119.07(3) the same legal effection, Florida Statute LAK	(i), Florida Statutes. ct as if made under es; and that my nam		tify that the i am an officer n Block 10 o	