

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000099786

1. Entity Name  
ACCESS LOCK & KEY INC.



Principal Place of Business

199 SUN DR  
FT MYERS, FL 33903

Mailing Address

199 SUN DR  
FT MYERS, FL 33903

FILED

09 JAN 13 AM 7:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01062009 No Chg-P CR2E034 (11/08)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0687252**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WHEELER, STEVEN  
199 SUN DR  
FT MYERS, FL 33903

**DO NOT WRITE  
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, 2009 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

P  
WHEELER, STEVEN  
199 SUN DR  
FT MYERS, FL 33903

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

T  
HARTING, JOANN E  
199 SUN DR  
FT MYERS, FL 33903

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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600140444516  
01/13/09--01006--002 \*\*150.00

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IN THIS SPACE**

CC 1/21

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-06-09

Date

239-995-2440

Daytime Phone #