

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # 359319

1. Entity Name
AAA LOCK SERVICE, INC.



Principal Place of Business
1105 W. THARPE STREET
TALLAHASSEE, FL 32303-4605

Mailing Address
P.O. BOX 38429
TALLAHASSEE, FL 32315-8429

DO NOT WRITE IN THIS SPACE



02032006 No Chg-P CR2E034 (11/05)

4. FEI Number
75-2979971
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOSELEY, SHARON
1105 W. THARPE STREET
TALLAHASSEE, FL 32303-4605

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 MOSELEY, MICHAEL D
STREET ADDRESS 1105 W. THARPE STREET
CITY-ST-ZIP TALLAHASSEE, FL 323034605

TITLE ST
NAME MOSELEY, SHARON
STREET ADDRESS 1105 W. THARPE STREET
CITY-ST-ZIP TALLAHASSEE, FL 323034605

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U000000492631
04/19/06-80074-005 150.00

**DO NOT WRITE
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: Michael D. Moseley MICHAEL D. MOSELEY 4-406 850-386-6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #