


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # 359319 1. Entity Name AAA LOCK SERVICE, INC.	
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Principal Place of Business 1105 W. THARPE STREET TALLAHASSEE, FL 32303-4605	Mailing Address P.O. BOX 38429 TALLAHASSEE, FL 32315-8429
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DO NOT WRITE IN THIS SPACE



04192007 No Chg-P CR2E034 (11/05)

4. FEI Number 75-2979971	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000723098 05/02/07-80057-017 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOSELEY, MICHAEL D 1105 W. THARPE STREET TALLAHASSEE, FL 323034605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MOSELEY, SHARON 1105 W. THARPE STREET TALLAHASSEE, FL 323034605
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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 **4-20-07** **850-386-6900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #