## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 591132** 

Name:

Address: City-St-Zip: SCHMIDT, JOHN C.,

PORT ST. LUCIE, FL 34952 US

2521 DYER ROAD

Entity Name: SMITTY'S LOCKSMITH SERVICE, INC.

FILED Apr 24, 2007 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
7548 SOU	TH US 1				
#321 PORT ST. LUCIE, FL 34952					
Current M	ailing Addre	ss:	New Mailing Address	New Mailing Address:	
7548 SOU # 321		40E2 LIO			
	LUCIE, FL 34				
FEI Number:	: 59-1862969	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
The above	R ROAD DIE, FL 34952		purpose of changing its registere	d office or registered agent, or both,	
SIGNATUR					
SIGNATOR		nic Signature of Registered Ag	ent	Date	
Election Car		g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SCHMIDT, CHA 763 N.E. EMEI		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SCHMIDT, AND 763 N.E. EMEI		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	PD (	) Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN C SCHMIDT PD 04/24/2007