

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 656502

FILED  
Apr 20, 2004  
Secretary of State

Entity Name: BRUCE'S KEY AND LOCK, INC.

## Current Principal Place of Business:

539-D SILVER SLIPER LANE  
TALLAHASSEE, FL 32303

## New Principal Place of Business:

## Current Mailing Address:

539-D SILVER SLIPER LANE  
TALLAHASSEE, FL 32303

## New Mailing Address:

FEI Number: 59-1987870

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIMMONS, ROGER B.  
4105 HENIARD DR  
TALLAHASSEE, FL 32303 US

## Name and Address of New Registered Agent:

SIMMONS, ROGER D  
339 DEER RUN ROAD  
HAVANA, FL 32333 US

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.

SIGNATURE: ROGER D. SIMMONS

04/20/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: TD ( ) Delete  
Name: SIMMONS, MARY K,  
Address: 4105 HENIARD DR  
City-St-Zip: TALLAHASSEE, FL 32303

Title: PD (X) Delete  
Name: SIMMONS, ROGER D,  
Address: 339 DEER RUN DR  
City-St-Zip: HAVANA, FL 32333

Title: ST (X) Delete  
Name: SIMMONS, ROGER B.  
Address: 4105 HENIARD DR  
City-St-Zip: TALLAHASSEE, FL 32303

Title: VD (X) Delete  
Name: JONES, WILLIAM P  
Address: 4120 MCLEAD DR  
City-St-Zip: TALLAHASSEE, FL 32303

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SIMMONS, ROGER D  
Address: 339 DEER RUN ROAD  
City-St-Zip: HAVANA, FL 32333 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: ROGER D. SIMMONS

PD

04/20/2004

Electronic Signature of Signing Officer or Director

Date