


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # F14863 1. Entity Name ROY'S SAFE & LOCK, INC.		
Principal Place of Business 306 WEST OAK ST KISSIMMEE, FL 34741	Mailing Address 306 WEST OAK ST KISSIMMEE, FL 34741	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent INGERSOLL, LYNN 1508 EMMETT STREET KISSIMMEE, FL 34741		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000382793 01/12/06-80028-006 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD INGERSOLL, LYNN 1508 EMMETT STREET KISSIMMEE, FL 34741	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERMAN, JODI M 1295 HACKNEY RD SAINT CLOUD, FL 34771	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Lynn Ingersoll</u> <u>Lynn Ingersoll</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1-9-06</u> <u>407-847-2365</u> <small>Date Daytime Phone #</small>