2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #F59584

Entity Name

WIZARD SAFE & LOCK, INC.



FILED Mar 31, 2008 08:00 AN Secretary of State

Principal Place of Business

1710 N. HERCULES AVENUE

#112

CLEARWATER, FL 33765

Mailing Address

1710 N. HERCULES AVENUE

#113

DO NOT WRITE IN THIS SPACE

CLEARWATER, FL 33765



03262008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2164114

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

PATTON, LAWRENCE D 1710 N. HERCULES AVENUE #113

DO NOT WRITE IN THIS SPACE

CLEARWATER, FL 33/05			1			
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						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Trust Fund Contribu				\$5.00 May Be Added to Fees	U00000876066	
10.	OFFICERS AND DIRECTORS			· · · · · · · · · · · · · · · · · · ·	04/11/08-80058-022 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DP PATTON, LAWRENCE D 300 EVELYN AVENUE CLEARWATER, FL 33765 D WAHLS, KATHI E					
STREET ADDRESS CITY-ST-ZIP	6420 64TH WAY PINELLAS PARK, FL 33781					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PATTON, DAWN L 300 EVELYN AVENUE CLEARWATER, FL 33765			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

12. Thereby certify that the information supplied with this filling 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 another like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

261

727-443-1748

Daytime Phone #