

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F95000001076

1. Entity Name
SECURITY LOCK DISTRIBUTORS SOUTH, INC.



Principal Place of Business

25 DARTMOUTH ST.
WESTWOOD, MA 02090 US

Mailing Address

P.O. BOX 95
WESTWOOD, MA 02090 US



07112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3265915

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 32301

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

U000000570902
07/18/06-8006-003 153.75

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE DPT
NAME SCHWARTZ, SIDNEY
STREET ADDRESS 25 DARTMOUTH ST., P.O BOX 95
CITY-ST-ZIP WESTWOOD, MA 02090

TITLE D
NAME SCHWARTZ, JEFFREY
STREET ADDRESS 25 DARTMOUTH ST., P.O BOX 95
CITY-ST-ZIP WESTWOOD, MA 02090

TITLE D
NAME SCHWARTZ, DAVID
STREET ADDRESS 25 DARTMOUTH ST., P.O BOX 95
CITY-ST-ZIP WESTWOOD, MA 02090

TITLE D
NAME SCHWARTZ, MARC
STREET ADDRESS 25 DARTMOUTH ST., P.O BOX 95
CITY-ST-ZIP WESTWOOD, MA 02090

TITLE D
NAME SCHWARTZ, HOWARD E
STREET ADDRESS 25 DARTMOUTH ST., P.O BOX 95
CITY-ST-ZIP WESTWOOD, MA 02090

TITLE S
NAME DAVIS, MICHAEL M
STREET ADDRESS 25 DARTMOUTH ST., P.O BOX 95
CITY-ST-ZIP WESTWOOD, MA 02090

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/06
Date

781-251-7220
Daytime Phone