## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 13, 2008 08:00 A DOCUMENT # G25910 **Secretary of State** 1. Entity Name DISCOUNT LOCK & KEY, INC. Mailing Address Principal Place of Business 2502 9TH ST. W. 2502 9TH ST. W. BRADENTON, FL 34205-7064 BRADENTON, FL 34205-7064 No Chg-P 01192008 CR2E034 (11/05) 4. FEI Number Applied For 59-2269976 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MAHONEY, CURTIS M DO NOT WRITE 4604 5TH AVE WEST PALMETTO, FL 34221 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE MAHONEY, CURTIS M DST NAME STREET ADDRESS 4604 5TH AVE. W. CITY-ST-ZIP PALMETTO, FL 34221 ં-<sub>ખા</sub>ં U00000825408 પ્રાથમ કરો છે. NAME 02/21/08-80007-024:150:00 STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CiTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 attachigent with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAY OFFICER OR DIRECTOR

2-6-08

941-256-114

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