

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G26205

Entity Name: A-ABLE LOCKSMITHS, INC.

FILED  
Mar 31, 2005  
Secretary of State

**Current Principal Place of Business:**

5116 GULFPORT BLVD.  
GULFPORT, FL 33707

**New Principal Place of Business:**

**Current Mailing Address:**

5116 GULFPORT BLVD.  
GULFPORT, FL 33707

**New Mailing Address:**

FEI Number: 59-2405448

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PRITCHARD, BRUCE  
4821 83RD TERR N.  
PINELLAS PARK, FL 33565 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PRITCHARD, DOROTHY,  
Address: 4821 83RD TER. N.  
City-St-Zip: PINELLAS PARK, FL

Title: V ( ) Delete  
Name: PRITCHARD, BRUCE,  
Address: 4821 83RD TERR. N.  
City-St-Zip: PINELLAS PARK, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: DOROTHY PRITCHARD

P

03/31/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date