

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 02, 2008 8:00 am
Secretary of State

04-22-2008 90021 005 ***150.00

DOCUMENT # G88892

1. Entity Name
LOCK HAVEN, LOCKSMITHING & CARPENTRY, INC.



Principal Place of Business

**1370 HWY A1A
SUITE C
SATELLITE BEACH, FL 32937 US**

Mailing Address

**1370 HWY A1A
SUITE C
SATELLITE BEACH, FL 32937 US**

66012818



03032008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-2386820

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**POLAND, THOMAS
1370 HWY A1A
SUITE C
SATELLITE BEACH, FL 32937**

**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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	POLAND, THOMAS
STREET ADDRESS	530 ADOBE AVENUE
CITY-ST-ZIP	COCOA, FL 32927
TITLE	STD
NAME	POLAND, MARGARET
STREET ADDRESS	530 ADOBE AVENUE
CITY-ST-ZIP	COCOA, FL 32927
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

Thomas J. Poland Thomas J. Poland 4-8-08