


2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # H72755
 1. Entity Name
ARO LOCK & KEY, INC.



Principal Place of Business Mailing Address
5447 CRAFTS STREET **5447 CRAFTS STREET**
NEW PORT RICHEY, FL 34652 **NEW PORT RICHEY, FL 34652**

DO NOT WRITE IN THIS SPACE



04262006 No Chg-P GR2E034 (11/05)

4. FEI Number 69-2586369	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RITZ, NORMAN T.
5447 CRAFTS STREET
NEW PORT RICHEY, FL 34652

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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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RITZ, NORMAN T. 6316 DIAMOND DR. NEW PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST RITZ, DIANNE 6316 DIAMOND DR. NEW PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

05/18/06-80013-015 150.00

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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 807, 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: Norman T. Ritz 05-01-06 727-849-1812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #