

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # H92552

1. Entity Name

MOBILE LOCKSMITH, INC.



Principal Place of Business  
2216 SW ARCHER RD.  
GAINESVILLE FL 32608

Mailing Address  
2216 SW ARCHER RD.  
GAINESVILLE FL 32608

**FILED**  
**Feb 09, 2007 08:00 AM**  
**Secretary of State**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2654180

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLACKBURN-MANDEVILLE, SUSAN  
1121 N.W. 101 DRIVE  
GAINESVILLE FL 32606

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
BLACKBURN, JOHN H II  
7521 S.W. 19TH PLACE  
GAINESVILLE FL 32607 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
BLACKBURN-MANDEVILLE, SUSAN  
1121 N.W. 101 DRIVE  
7818 S.W. 53RD PLACE  
GAINESVILLE FL 32608 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
U00000630305  
02/19/07-80035-007 150.00

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Susan Mandeville*

*Susan Mandeville*

2-8-07

352-378-0870

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #