


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J83009</b> 1. Entity Name <b>WE KEY LOCKSMITHS, INC.</b>	
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Principal Place of Business <b>5950 OKEECHOBEE BLVD WEST PALM BEACH, FL 33417</b>	Mailing Address <b>5950 OKEECHOBEE BLVD WEST PALM BEACH, FL 33417</b>
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**DO NOT WRITE IN THIS SPACE**



03212008 No Chg-P CRZE034 (11/05)

4. FEI Number <b>59-2819942</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

**MOLLER, MAUREEN  
487 W. SHADYSIDE CIRCLE  
W PALM BEACH, FL 33415**

**DO NOT WRITE  
IN THIS SPACE**

6. 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 use if applicable.

(NOTE: Registered Agent signature required when retreating)

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	<b>P MOLLER, RICHARD 487 W. SHADYSIDE CIR. W PALM BEACH, FL 33415</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MOLLER, MAUREEN 487 W. SHADYSIDE CIR. W PALM BEACH, FL 33415</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/22/06-80068-017 150.00

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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-07-06-561-686-7831**  
Date Daytime Phone #