## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

**SIGNATURE:** 

## Aug 26, 2008 8:00 am Secretary of State DOCUMENT # J83009 1. Entity Name 08-26-2008 90002 013 \*\*\*155.00 WE KEY LOCKSMITHS, INC. Principal Place of Business Mailing Address 5950 OKEECHOBEE BLVD 5950 OKEECHOBEE BLVD WEST PALM BEACH FL 33417 WEST PALM BEACH FL 33417 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 5950 Okeechalee Blist 5950 Obsectobel Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/08) City & State 4. FEI Number Applied For 59-2819942 Doet Palm Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name MOLLER, MAUREEN 467 W. SHADYSIDE CIRCLE W PALM BEACH FL 33415 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 agen SIGNATURE (NOTE: Registered Agent signature requirert when reinstating) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 3, 2008 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Addition NAME MOLLER, RICHARD NAME STREET ADDRESS 467 W. SHADYSIDE CIR. STREET ADDRESS W PALM BEACH FL 33415 CITY-ST-ZIP CITY+ST-ZIP VP TITLE 🔀 Delete TITLE ☐ Change ☐ Addition MOLLER, MAUREEN MAME STREET ADDRESS STREET ADDRESS 467 W. SHADYSIDE CIR. CITY-ST-ZIP W PALM BEACH FL 33415 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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

OFFICER OR DIRECTOR

FILED

561-686-7831

-OFFICE of VITAL STATISTICS ATTACHMENT

CERTIFIED COPY

40114407 #J83009

1. DECEDENT'S NAME (First, Middle, Last, Suffice			;			-		2. SEX
Maureen Ann	Moller		,					Female
3. DATE OF RIATH (Month, Day, Year)	4a. ACE Last Birthday (Years)	Ab, UNDER 1 YE.	Days	4c UNDE	A triggs	5. DATE OF DE		
October 5, 1940	BIRTHPLACE (City and State or		<u></u>	<u> </u>			ry_6	_2008
131-30-1279				['	COUNTY OF DE			
		lew York			Palm	Beach		
(Check only one)		ncy Room/Outpattent		Dead				
10. FACILITY NAME (If not hydraution, give street		Home/Long Term Cr			Sent's Home	Other (Specify)		
67 W. Shadyside Cir			- 1"	_	est Palm		i ['	16. INSIDE CITY LIM
12. MARITAL STATUS (Specify)		<del></del>			VING SPOUSE'S N		<u>'</u>	X_N
XMarried Married, but Separated	Withment	Divorced N	ever Married		ichard		Molle	
14s. RESIDENCE - STATE	14b COUNTY	DAGGEG	AAN WELLOG		TOWN, OF LOCAT	NOW.	HOTTE	r
Florida	Palm B	Beach		ł	est Palm			
4d. STREET ADDRESS						141. ZIP CODE		INSIDE CITY LIM
E ≥467 W. Shadyside Cir	rcle					33415	1.	
156. DECEDENT'S USUAL OCCUPATION (Indicate)		t of working life.)	·	15b. KIND	OF BUSINESSAND			Yes X No
Registered Nurse				Medical				
18. DECEDENT'S PACE (Specify the race/races to		ered himself herself t	be More the	7 pme (32 >= /	May be specified )			
58 ·		Micsin Indian or Alask						
Asian IndianChinese	Filipino Japa			Vietnamen		H Asian (Specify)		
U Native Hawaiien Guerrenien	or Chemorro Bern		Pecific Isl. (S	inent/\/		Other (		*
17. DECEDENT OF HISPANIC OR HAITIAN ORIG	GIN?   Yes (II Yes area)			exicen	Puerto Rican	Cuban		uth American
(Specify if decedant was of Hispanic or Haitian On	rigin.)			ther Hispani		CADAII .	Cerimizado	
2 18, DECEDENT'S EDUCATION (Specify the dece	ident's highest degree or level of	achool completed at	ine of death.)		o (Specify)		19 WAS DEC	EDENT EVER IN .
V 8th or lens High scho	ool but no diploma H	ligh achool diplome o					U.S. ARM	ED FURCES?
			GED					an on one
	degree (Specify):A		GED chelor's	Master's	Doct	iorete		
20. FATHER'S NAME (First, Middle, Last, Suffix)	degree (Specify):A	esociate X Ba	chelor's		Doct			X tin
20 FATHER'S NAME (First, MISSIN, Last, Suffice	o <del>degree (Specify):</del> A Quinn	esociate X Ba	chelor's	E (First, Mile			Yes	
20 FATHER'S NAME (First MIGGS, Last, Surfig D John ( 22a, INFORMANT'S NAME	Quinn	asociate X Ba	Chelor's THER'S NAM	le (First, Mic Le	kila, Maldan Sumur	ne)	Yes	<u>X</u> 140
20 FATHER'S NAME (First Middle, Lee), Surfice John 22a, INFORMANT'S NAME Richard	Quinn	asociate X Ba 21. MC	chetors THER'S NAM Genevi	le (Frat, MA Le 10 DECE	kila, Maldan Sumur	Findlay	Yes	<u>X</u> 140
DE CONTROLLERS NAME (FIRE AGES). Law, Surfage of John (Carlotter). The Controllers of Carlotter	Quinn Moller	Stociate X Ba 21. MC 22b. RI	chelore others name Genevil ELATIONSHIP Husbar	le (First, MAC Le 10 DECEC 1d	DENT 23a.	Findlay	Yes	<u>X</u> 149
CATHER'S MANE (Fiver Modes, Leaf Surface)  Zan INFORMANTS NAME  RICHARD  See City on Town  West Palm Beach	Quinn Moller	21. MC 22b. Ri EET ADDRESS 7 W. Shad	cheore THER'S NAM Genevi ELATIONSHIP Husbar yside	le (First, Mic Le 10 DECEC nd Circl	DENT 23a.	Findlay	Yes	<u>X</u> No
CATHER'S MANE (First Middle, Leef Sufford Control Cont	Quinn Moller 230. STRE 46	22b. Ri	chelora THER'S NAM Genevi LATIONSHIP Husbar yside	le (Frest, MAC P TO DECEC nd Circl	DENT 238.	Findlay	Yes Alling - STA	X 149 TE
John  Za. INFORMANTS NAME  RAICHARD  RESERVE TO TOWN  West Palm Beach  24. PLACE OF DISPOSITION Plane of commence, Palms West Crematory	Quinn Moller 230. STRE 46	22b. Ri	cheore THER'S NAM Genevi ELATIONSHIP Husbar yside	le (Frest, MAC P TO DECEC nd Circl	DENT 23e.	Findlay Findlay MFORMANISM Florida	Yes  AILING - STA	X No. TE  d. ZIP CODE 33415
CATHER'S MANE (Fiver Modes, Leef Surface)  John  Za, INFORMANTS NAME  RICHARD  ZES, CITY ON TOWN  West Palm Beach  AMERICA DESPOSITION (Mane of commence)  Palms West Crematory)  24a METHOD OF DISPOSITION  [Byld]	Quinn  Molier  ZSC. STRE  46  committee, or other place) Entombrent X_Cre	secciate X Bu 21. MC 22b. Ri 22b. Ri 22b. Ri 22b. LOCA F W. Shad	chelora THERES NAM Genevi ELATIONSHIP HUSBAR  yside HON-STATE Torida	Le Front Michael Le FO DECEC	DENT 23s.  Le 25s. LOC R	Findlay Findlay INFORMANTS N Florida ATION-CITY OF ROYAL PA	AILING-STA	ж. <sub>Но</sub> те d. ZIP COOE 33415
CATHER'S MAME (Fiver Medse, Leaf Surface)  Zan, INFORMANTS NAME  RICHARD  Zan, CITY ON TOWN  West Palm Beach  APLACE OF DISPOSITION (Name of Company)  Palms West Crematory  Zan, METHOD OF DISPOSITION (Name of Company)  Zan, METHOD OF DISPOSITION (Name of Company)  Zan, METHOD OF DISPOSITION (Name of Company)	Quinn  Moller  250. STRE 46  COMMENTO, OF OTHER PRICES  Entombrenet X. Com SEA. 274 LICENSE NUM.	secciate X Bu 21. MC 22b. Ri 22b. Ri 22b. Ri 22b. LOCA F W. Shad	chelora THERES NAM Genevi ELATIONSHIP HUSBAR  yside HON-STATE Torida	Le Front Michael Le FO DECEC	DENT 23a. Le 25b. Loc	Findlay Findlay INFORMANTS N Florida ATION-CITY OF ROYAL PA	AILING-STA	x No
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CATHER'S MANE (Fiver Middle, Leaf Suffer O Cather's Mane (Fiver Middle)  Zab. INFORMANTS NAME  Richard  Richard	Quinn  Moller  200. STRE 46  .cremetory, or other place)  y  Entombonent X Cre SEA 27 A LICENSE NUM No 1 4 9 1	secciate X Bu 21. MC 22b. Ri 22b. Ri 22b. Ri 22b. LOCA F W. Shad	chelora THERES NAM Genevi ELATIONSHIP HUSBAR  yside HON-STATE Torida	Le Front Michael Le FO DECEC	A PROPERTY AND A PROP	Findlay INFORMANISM Florida ATION-CITY OF ROYAL PA INFORMANISM CONTRACT ROYAL  INFORMATION ROYAL  RO	ATOWN  Im Bea	x No
CATHER'S MANE (Five Modes, Leaf Surfay)  John  Za, INFORMANTS NAME  RICHARD  RICHARD  ZES, CITY ON TOWN  WEST PAIMS BEACH  ZES, CITY ON TOWN  WEST PAIMS WEST CREMATON;  ZES, METHOD OF DISPOSITION  ZES, METHOD  ZES, METHOD OF DISPOSITION  ZES, METHOD OF D	Quinn  Moller  ZDC. STRE 46  Committee; or other piace)  Y Entonibrant X_Cre SEA. Z7a LICENSE NUM _No (	22b. Ri  ET ADDRESS 7 W. Shad 25a. LOCA 25a. L	chelora THERES NAM Genevi ELATIONSHIP HUSBAR  yside HON-STATE Torida	Le Front Michael Le FO DECEC	A PROPERTY AND A PROP	Findlay INFORMANTS N Florida ATION - CITY OF ROYAL PA MER (Specify) ELICENSEE OF	AILING STA	X No  TE  AZ P CODE  33415  Ch
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CATHER'S MANE (First Modes, Leaf Surfay John  Zan, INFORMANTS NAME  RICHARD  Zan, CITY ON TOWN  West Palm Beach  Zan, METHOD OF DISPOSITION (Mane of complete), Palms West Cremator)  Zan, METHOD OF DISPOSITION (Mane of complete), Was MEDICAL EVANMENT  Zan, METHOD OF DISPOSITION (Mane of complete), Was MEDICAL EVANMENT  Zan, METHOD OF DISPOSITION (Mane of complete), Was MEDICAL EVANMENT  Zan, METHOD OF DISPOSITION (Mane of complete), Was MEDICAL EVANMENT  Zan, METHOD OF DISPOSITION (Mane of complete), Was MEDICAL EVANMENT  Zan, METHOD OF DISPOSITION (Mane of complete), Was MEDICAL EVANMENT  Zan, METHOD OF DISPOSITION (Mane of complete), Was MEDICAL EVANMENT  Zan, METHOD OF DISPOSITION (Mane of complete), Was MEDICAL EVANMENT  Zan, METHOD OF DISPOSITION (Mane of complete), Was MEDICAL EVANMENT  Zan, METHOD OF DISPOSITION (Mane of complete), Was MEDICAL EVANMENT  Zan, METHOD OF DISPOSITION (Mane of complete), Was MEDICAL EVANMENT  Zan, METHOD OF DISPOSITION (Mane of complete), Was MEDICAL EVANMENT  Zan, METHOD OF DISPOSITION (Mane of complete), Was MEDICAL EVANMENT  Zan, METHOD OF DISPOSITION (Mane of complete), Was MEDICAL EVANMENT  Zan, METHOD OF DISPOSITION (Mane of complete), Was MEDICAL EVANMENT  Zan, METHOD OF DISPOSITION (Mane of complete), Was MEDICAL EVANMENT  Zan, METHOD OF DISPOSITION (Mane of complete), Was MEDICAL EVANMENT  Zan, METHOD OF DISPOSITION (Mane of complete), Was MEDICAL EVANMENT  Zan, METHOD OF DISPOSITION (Mane of complete), Was MEDICAL EVANMENT  Zan, METHOD OF DISPOSITION (Mane of complete), Was MEDICAL EVANMENT  Zan, METHOD OF DISPOSITION (Mane of complete), Was MEDICAL EVANMENT  Zan, METHOD OF DISPOSITION (Mane of complete), Was MEDICAL EVANMENT  Zan, METHOD OF DISPOSITION (Mane of complete), Was MEDICAL EVANMENT  Zan, METHOD OF DISPOSITION (Mane of complete), Was MEDICAL EVANMENT  Zan, METHOD OF DISPOSITION (Mane of complete), Was MEDICAL EVANMENT  Zan, METHOD OF DISPOSITION (Mane of complete), Was MEDICAL EVANMENT  Zan, Was MEDICAL EVANMENT  Zan, Was MEDICAL EVANMENT  Zan, Was MEDICAL	Quinn  Moller  20c. STRE 46  Arematory, or other place)  y  Entionhyment X Cre SEA 27a LICENSE NUL No (2)  Iome 20c. STRE 110  To the best of my, knowledge, de	25. MC 22b. Ri	Cenevi Cenevi Lationship Husbar yside Ion-State Iorida  275-532	Le TO DECEM  Circl   Way place, and d	DENT 239.  LC 250. LOC R State Other FULL ERRY F1	Findlay Findlay INFORMANTS M Florida ANION-CITYOR COYAL PA MF (Specify) EL DENSEE OF AUTYS MALLING Ortida	AILING STATE  TOWN  1m Bea	X No 33415  ch THG AS SUCH  3.2P CODE 3.3411
CARLETS NAME (First Modes, Leaf Surfay  John  Za, INFORMANTS NAME  RICHARD  Zas, CITY ON TOWN  West Palm Beach  APPLOE OF DISPOSITION (Name of Commency,  Palms West Cremator)  Zas, METHOD OF DISPOSITION  Zas, IF CREMATION, DOMATION OR BUPAL AT  WAS MEDICAL EXAMPLED  Zas, CITY ON TOWN  Zas, CITY ON	Quinn  Moller  Zoc. STRE  46  cremetory, or other place)  Enfontment X Cre  SEA. Z7A LICENSE NUL  No 1  L(2) 1  IOME  Zoc. STRE  1100  To the best of my knowledge, de	225. Ri 225. Ri 226. R	Park	Le Propins Able Le Propins Abl	See, Metchin Sumur  Sent Zse.  Ce Zse. Loc  R State Oth  FUNERAL SERVICE  750. FAC  750. FAC  150 the cause(1) a	Findlay Findlay INFORMANTS IN Florida ANION-CITYON COYAL PA WE (Specify) CHUCENSEE OF AUTYS MALINO Orida	I TOWN I TOWN I PERSON AC	X No TE  Ad ZIP CODE 33415  Ch THNG AS BUCH  4. ZIP CODE 33411
CARTHER'S MANE (Fiver Modes, Leaf Surfay  John  John  Za, INFORMANTS NAME  RICHARD  ZB, CITY ON TOWN  West Palm Beach  24. PALCE OF DISPOSITION (Name of compress)  Palms West Crematory)  25a. METHOD OF DISPOSITION  25b. IF CREMATION DOWNTON OR BURGAL AT  WAS MEDICAL EXAMINED  ZB, METHOD OF DISPOSITION  25b. IF CREMATION DOWNTON OR BURGAL AT  WAS MEDICAL EXAMINED  ZB, CITY OR TOWN  ROYAL PAIM BEACH  CO. CERTIFIER  CERTIFIER  CERTIFIER  CERTIFIER  CERTIFIER  CO. CERTIFIER  CO. CERTIFIER  CO. CERTIFIER  CO. CO. CERTIFIER  CO. C.	Quinn  Moller  Zoc. STRE  46  cremetory, or other place)  Enfontment X Cre  SEA. Z7A LICENSE NUL  No 1  L(2) 1  IOME  Zoc. STRE  1100  To the best of my knowledge, de	22b. Ri 22b. R	Chetor's THERES NAM GENEVIT LATIONSHIP HUSBAR YSIGE LON-STATE LOTICA TOT  275-EXECUTE Park Park Park TOTOMORPHONE PARK TOTOMORPHONE TOTOM	E (Frank Abb. Le FO DECEC  O Circl  I. STORY HOW TATLASE OF  Way place, and de recoursed at 32. Table O	State Other Survival Process of File Country o	Findlay Findlay INFORMANTS IN Florida ANION-CITYON COYAL PA WE (Specify) CHUCENSEE OF AUTYS MALINO Orida	I TOWN I TOWN I PERSON AC	X No TE  Ad ZIP CODE 33415  Ch THNG AS BUCH  A. ZIP CODE 33411
CATHER'S MANE (Fiver Modes, Lent Surfay John  John  Za, INFORMANTS NAME  RICHARD  ZB, CITY ON TOWN  West Palm Beach  ZB, LILCE OF DISPOSITION (Name of compress).  Palms West Cremator):  ZB, METHOD OF DISPOSITION (Name of compress).  PALMED OF DISPOSITION (Name of compress).  ZB, METHOD OF DISPOSITION (Name	Quinn  Moller  25c. STRE 46  commetter, or other place)  Entombrenet X. Core SEA. 27s. LICENSE NUM. No ( )  L( ) ( )  Iome  25c. STRE 110  To the best of my knowledge, denote bases of examination, and/others.	225. Ri 225. Ri 226. R	Chetor's THERES NAM GENEVIT LATIONSHIP HUSBAR YSIGE LON-STATE LOTICA TOT  275-EXECUTE Park Park Park TOTOMORPHONE PARK TOTOMORPHONE TOTOM	E (Frank Abb. Le TO DECEM  Circl	State Oth Cause(s) as the caus	Findlay Findlay INFORMANTS M Florida ANION-CITY OF GOVERNMENT GOVE	ANUMAN AN	X No TE  AZP CODE 33415  Ch  THKO AS BUCH  J. ZIP CODE 33411
CATHER'S NAME (First Modes, Leaf Surfay  John  Za, INFORMANTS NAME  Richard  Za, IGTO ATOWN  Rest Palm Beach  20, IGTO OF DESPOSITION (Name of compress)  Palms West Crematory  Palms West Crematory  20, IF CREMATION DOMATION OF BURNAL AT APPROVAL GAUNTEDY  20, IGTO OF TOWN  ROYAL PALMS FUNCTION  314. (Signamps and This of Certifying Physician (Check one)  314. (Signamps and This of Certifying Physician (Check one)  314. (Signamps and This of Certifying Physician (Check one)  314. (Signamps and This of Certifying Physician (Check one)  315. (Signamps and This of Certifying Physician (Check one)  316. (Signamps and This of Certifying Physician (Check one)  316. (Signamps and This of Certifying Physician (Check one)  316. (Signamps and This of Certifying Physician (Check one)  316. (Signamps and This of Certifying Physician (Check one)  316. (Signamps and This of Certifying Physician (Check one)  316. (Signamps and This of Certifying Physician (Check one)  316. (Signamps and This of Certifying Physician (Check one)  317. (Signamps and This of Certifying Physician (Check one)  317. (Signamps and This of Certifying Physician (Check one)	Quinn  Moller  Zoc. STRE 46  cremetory, or other place)  Enforthment X Cre SEA. Z7A LICENSE NUM. No 1  LO 1  To the best of my knowledge, de in the baste of exemination, and/o	225. ACC 226. ACC 226	Park	E (Frank Abb. Le TO DECEM  Circl	State Other Survival Process of File Country o	Findlay Findlay INFORMANTS M Florida ANION-CITY OF GOVERNMENT GOVE	ANUMAN AN	X No TE  AZP CODE 33415  Ch  THKO AS BUCH  J. ZIP CODE 33411
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CANTER'S MANE (Fiver Modes, Leaf Surfay  John  John  Za, INFORMANTS NAME  RICHARD  Zas, CITY ON TOWN  West Palm Beach  Zas, CITY ON TOWN  West Palms Beach  Zas, CITY ON TOWN  West Palms West Crematory  Zas, METHOD OF DISPOSITION (Name of commency,  Palms West Crematory)  Zas, METHOD OF DISPOSITION (Name of commency)  Zas, METHOD OF DISPOSITION (Name of	Quinn  Molier  Zoc. STRE 46  Committee X Cro SEA Zra LICENSE NUM No 1 L(2)  Iome  Zoc. STRE 110  To the best of my knowledge, de n the basis of assemination, and of Committee X Cro STRE 110  To the best of assemination, and of Committee X STRE	225. RI 225. RI 226. R	Park  Park  Park  Traddress  Traddress  Traddress  Traddress  Traddress  Traddress	Way place, and decoursed as 2. Time 0 2.31	State Other Survival Country C	Findlay Findlay INFORMANTS M Florida ANION-CITY OF GOVERNMENT GOVE	TOWN  In Itown  Im Bea  I PERSON AG  TATE  29  AMMINER'S C.  N /// Other flux	X No  TE  AZP CODE  33415  Ch  THKS AS BUCH  J. ZIP CODE  33411
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Pearlie Orew JAN 1 1 2008



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