

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 26, 2008 8:00 am
Secretary of State

08-26-2008 90002 013 ***155.00

DOCUMENT # J83009

1. Entity Name

WE KEY LOCKSMITHS, INC.



Principal Place of Business

5950 OKEECHOBEE BLVD.
WEST PALM BEACH FL 33417

Mailing Address

5950 OKEECHOBEE BLVD
WEST PALM BEACH FL 33417



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

5950 Okeechobee Blvd.

Suite, Apt. #, etc.

3. Mailing Address

5950 Okeechobee Blvd

Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/08)

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

4. FEI Number

59-2819942

Applied For

Not Applicable

Zip

33417

Country

U.S.A.

Zip

33417

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOLLER, MAUREEN
467 W. SHADYSIDE CIRCLE
W PALM BEACH FL 33415

7. Name and Address of New Registered Agent

Name

Richard Moller

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

467 W. Shadyside Circle

City

West Palm Beach

FL

Zip Code

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 agent.

SIGNATURE

Richard Moller

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

August 20, 2008

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 3, 2008

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MOLLER, RICHARD	
STREET ADDRESS	467 W. SHADYSIDE CIR.	
CITY-ST-ZIP	W PALM BEACH FL 33415	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MOLLER, MAUREEN	
STREET ADDRESS	467 W. SHADYSIDE CIR.	
CITY-ST-ZIP	W PALM BEACH FL 33415	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Richard Moller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 20, 2008

Date

561-686-7831

Daytime Phone

CERTIFIED COPY

40114407
#J83009TYPE IN
PERMANENT
BLACK INK

LOCAL FILE NO. 6008-101

FLORIDA CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Maureen Ann Moller		2. SEX Female	
3. DATE OF BIRTH (Month, Day, Year) October 5, 1940		4. AGE (Last Birthday) 67	
5. SOCIAL SECURITY NUMBER 131-30-1279		6. PLACE OF BIRTH (City and State or Foreign Country) Suffern, New York	
7. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival NON-HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		8. COUNTY OF DEATH Palm Beach	
10. FACILITY NAME (If not institution, give street address) 467 W. Shadyside Circle		11. CITY, TOWN, OR LOCATION OF DEATH West Palm Beach	
12. MARITAL STATUS (Specify) <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married		13. SURVIVING SPOUSE'S NAME (If wife, give maiden name) Richard Moller	
14. RESIDENCE - STATE Florida		14b. CITY, TOWN, OR LOCATION West Palm Beach	
14c. STREET ADDRESS 467 W. Shadyside Circle		14d. APT. NO. 14e. ZIP CODE 33415	
15. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) Registered Nurse		15b. KIND OF BUSINESS/INDUSTRY Medical	
18. DECEDENT'S RACE (Specify the race/ethnicity to indicate what decedent considered himself/herself to be. More than one race may be specified.) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Specify tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Isl. (Specify) <input type="checkbox"/> Other (Specify)			
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? <input type="checkbox"/> Yes (If Yes, specify) <input checked="" type="checkbox"/> No Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central/South American <input type="checkbox"/> Haitian <input type="checkbox"/> Other Hispanic (Specify)			
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) <input type="checkbox"/> 8th or less <input type="checkbox"/> High school but no diploma <input type="checkbox"/> High school diploma or GED <input type="checkbox"/> College but no degree <input type="checkbox"/> College degree (Specify): <input type="checkbox"/> Associate <input checked="" type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate			
20. FATHER'S NAME (First, Middle, Last, Suffix) John Quinn		21. MOTHER'S NAME (First, Middle, Maiden Surname) Genevieve Findlay	
22. INFORMANT'S NAME Richard Moller		22b. RELATIONSHIP TO DECEDENT Husband	
23. CITY OR TOWN West Palm Beach		23c. STREET ADDRESS 467 W. Shadyside Circle	
24. PLACE OF DISPOSITION (Place of cemetery, crematory, or other place) Palms West Crematory		25. LOCATION - CITY OR TOWN Royal Palm Beach	
26. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Entombment <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		27. LICENSE NUMBER (of Licensee) 41219	
28. NAME OF FUNERAL FACILITY Palms West Funeral Home		29. FACILITY'S MAILING - STATE Florida	
29a. CITY OR TOWN Royal Palm Beach		29b. STREET ADDRESS 110 Business Park Way	
30. CERTIFIER <input checked="" type="checkbox"/> Medical Examiner - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check one) <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.		31. DATE SIGNED (month/day/year) 1-9-08	
32. TIME OF DEATH (24 hr.) 2310		33. MEDICAL EXAMINER'S CASE NUMBER 2310	
34. CERTIFIER'S NAME Pearlie Brown		35. NAME OF ATTENDING PHYSICIAN (If other than Certifier) Dr. Gerald KAHN	
36. CERTIFIER'S STATE Florida		36b. CITY OR TOWN Boca Raton	
36c. STREET ADDRESS 1531 W. Palmetto Park		36d. ZIP CODE 33486	
37. SUBREGISTRAR - Signature and Date Pearlie Brown 1/9/08		38. DATE FILED BY REGISTRAR (Mts., Day, Yr.) JAN 11 2008	
39. PROBABLE MANNER OF DEATH: The following are under the jurisdiction of the medical examiner.			
40. REPORTED TO MEDICAL EXAMINER DUE TO			

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

DH FORM 1947 (08/04)

FLORIDA DEPARTMENT OF
HEALTH