2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K07039

FILED Mar 10, 2004 Secretary of State

Entity Name: A AND A LOCK DOC LOCKSMITH INC.

Surrent P	Principal Place	of Business:	New Principal Pla	ce of Business:
3697 S.E. DCALA, F				
Surrent N	lailing Address	::	New Mailing Addr	ess:
8697 S.E. DCALA, F				
El Number	: 59-2860332	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of Cu	ırrent Registered Agent:	Name and Address	s of New Registered Agent:
	RICHARD 9TH AVE L 34471 US			
	namad antity a	ubmits this statement for the i	ourpose of changing its registe	ered office or registered agent, or both,
	e of Florida.	·		
	e of Florida.	·		
n the Stat	e of Florida. RE:	c Signature of Registered Ag	ent	Date
n the Stat	e of Florida. RE: Electroni		ent	Date
n the Stat	e of Florida. RE: Electroni	c Signature of Registered Agr		Date IGES TO OFFICERS AND DIRECTOR:
n the Stat	e of Florida. RE: Electronic mpaign Financing S AND DIRECT	c Signature of Registered Ag Trust Fund Contribution (). ORS:		
n the Stati BIGNATU Election Car DFFICER Title: Name: Address:	e of Florida. RE: Electronic mpaign Financing S AND DIRECT DP ()I POSNER, SETH 3697 SE 19 AVE OCALA, FL 3441	C Signature of Registered Agr Trust Fund Contribution (). ORS: Delete	ADDITIONS/CHAN Title: Name: Address:	IGES TO OFFICERS AND DIRECTOR
n the Stati BIGNATU Election Cal DFFICER Title: lame: kddress: Title: lame: kddress:	e of Florida. RE: Electronic mpaign Financing S AND DIRECT DP ()I POSNER, SETH 3697 SE 19 AVE OCALA, FL 3441 VS ()I POSNER, FANN 3697 S.E. 19 AV OCALA, FL	C Signature of Registered Ag Trust Fund Contribution (). ORS: Delete 71 Delete (E	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address:	IGES TO OFFICERS AND DIRECTORS () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD POSNER D 03/10/2004