

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90235 019 \*\*\*150.00

<b>DOCUMENT # K07039</b> 1. Entity Name <b>A AND A LOCK DOC LOCKSMITH INC.</b>			
Principal Place of Business 3697 S.E. 19 AVE OCALA, FL 34471 US		Mailing Address 3697 S.E. 19 AVE OCALA, FL 34471 US	
2. Principal Place of Business <i>18 BANYAN COURSE #1</i>		3. Mailing Address <i>18 BANYAN COURSE #1</i>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <i>OCALA FLORIDA</i>		City & State <i>OCALA FLORIDA</i>	
Zip <i>34472</i>		Zip <i>34472</i>	
Country 		Country 	
4. FEI Number <b>59-2860332</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>POSNER, RICHARD</b> <b>3697 SE 19TH AVE</b> <b>OCALA, FL 34471</b>		7. Name and Address of New Registered Agent Name <i>POSNER, RICHARD</i> Street Address (P.O. Box Number is Not Acceptable) <i>18 BANYAN COURSE #1</i> City <i>OCALA</i> State <i>FL</i> Zip Code <i>34472</i>	
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: <i>[Signature]</i> DATE: <i>4/13/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP POSNER, SETH 3697 SE 19 AVE OCALA, FL 34471	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP POSNER, SETH 18 BANYAN COURSE #1 OCALA FL 34472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS POSNER, FANNY 3697 S.E. 19 AVE OCALA, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS POSNER, FANNY 18 BANYAN COURSE #1 OCALA FL 34472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POSNER, RICHARD 3697 SE 19 AVE OCALA, FL 34471	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POSNER, RICHARD 18 BANYAN COURSE #1 OCALA FL 34472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OHLAU, WILLIAM 14357 S.E. 45 COURT SUMMERFIELD, FL 34491	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <i>4/13/05</i> <small>Daytime Phone #</small>	