2004 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Feb 02, 2004 08:00 AM DOCUMENT # K55070 **Secretary of State** 1. Entity Name STOR-N-LOCK, INC. Principal Place of Business Mailing Address 5170 SE 58TH AVE 9491 SW 14TH AVE OCALA, FL 34480 OCALA, FL 34476 01092004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe 59-2931765 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ASHCROFT, DAVID C DO NOT WRITE 9491 SW 14TH AVE OCALA, FL 34476 IN THIS SPACE 3. 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 repistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$158.00 After May 1, 2004 Fee will be \$550.90 .. 🗆 Trust Fund Contribution, Added to Fees 10. OFFICERS AND DIRECTORS DP BILE ASHCROFT, DAVID C. NAME STREET ADDRESS 9491 SW 14TH AVE U00000025603 02/02/04-80112-008 150.00 C1111-51-71P OCALA, FL 34476 TITLE NAME STREET ADDRESS CTY-SI-ZP ग्रसह NAME STREET ADDRESS DO NOT WRITE CATY-ST-ZIP IN THIS SPACE BHFNAME STREET ADDRESS SITY-ST-ZIP BILE NAME STREET ADDRESS CRY-ST-ZIP TRE HAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attact number of the compowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: