

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90134 043 ***150.00

DOCUMENT # K70403

1. Entity Name

JIM'S BONDED LOCKSMITH, INC.



Principal Place of Business

280 BEACH COURT
PALM HARBOR, FL 34684

Mailing Address

280 BEACH COURT
PALM HARBOR, FL 34684

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

3. Mailing Address

PO BOX 55368

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
St Petersburg FL

Zip

Country

Zip

Country

33703

USA

01302008

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3009827

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, NATHAN C
48 FRESHWATER DR.
PALM HARBOR, FL 34684-1106

7. Name and Address of New Registered Agent

Name
JACK WINEBRENNER

Street Address (P.O. Box Number is Not Acceptable)
1384 - 54th AVE NE

City
ST PETERSBURG

FL

Zip Code
33703

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

[Signature]

JACK WINEBRENNER

4/21/08

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
S
ROBERTS, LEA
48 FRESHWATER DR.
PALM HARBOR, FL 34684-1106 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
P
ROBERTS, NATHAN C.
2863 SUGAR BEAR TRL
PALM HARBOR, FL 34683 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VP
ROBERTS, BERNARD
280 BEACH COURT
PALM HARBOR, FL 34684 ☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
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CITY- ST- ZIP
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☐ Change ☐ Addition

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 powers.

SIGNATURE:

[Signature] Bernie Roberts 4/22/08

727/327-1256

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #