

2005 FOR PROFIT CORPORATION ANNUAL REPORT




FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90065 044 ***150.00

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01242005 Chg-P CR2E034 (10/03)

DOCUMENT # K70696					
1. Entity Name STEVE'S LOCK & SAFE, INC.					
Principal Place of Business 211 W. DONEGAN AVE. KISSIMMEE, FL 34741-2367 US			Mailing Address 717 E OAK STREET KISSIMMEE, FL 34744 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2944781	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BAUMRUK, ANDREW J 717 E. OAK ST. KISSIMMEE, FL 34744			Name Howard Cundiff		
			Street Address (P.O. Box Number is Not Acceptable) 211 W. Donegan Ave		
			City Kissimmee		
			State FL		
Zip Code 34741					
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 		HOWARD CUNDIFF		DATE 1-27-05	
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CUNDIFF, HOWARD 211 W. DONEGAN AVE. KISSIMMEE, FL 347412367	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CUNDIFF, ADRIENNE 211 W DONEGAN AVE KISSIMMEE, FL 347412367	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		HOWARD CUNDIFF		DATE 1-27-05	
(NOTE: Signature and typed or printed name of signing officer or director)		Daytime Phone # 407 933 0722			