


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K89307</b>	
1. Entity Name A LOCKSMITH, INC.	

Principal Place of Business 51 9TH STREET SOUTH NAPLES, FL 34102-6205 US	Mailing Address 51 9TH STREET SOUTH NAPLES, FL 34102-6205 US
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02072007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0120386	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  SCHELLING, JEFFREY S P.A. 2240 TRADE CENTER WAY NAPLES, FL 34109
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT HOGAN, BARBARA J. 1038 HILLTOP DRIVE NAPLES, FL
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<p>U00000638102 02/27/07-80017-002 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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 empowered.

<b>SIGNATURE:</b>  PRESIDENT	Date  2/23/07	Daytime Phone  239/643 0416
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		