


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2005 8:00 am
Secretary of State

07-29-2005 90015 033 ***150.00

DOCUMENT # L11269 1. Entity Name DISCOUNT LOCK, INC.	
--	---

Principal Place of Business 67 S SEMORAN BLVD ORLANDO, FL 32807	Mailing Address 67 S SEMORAN BLVD ORLANDO, FL 32807
---	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



07222005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2971282		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VILLENEUVE, RONALD 67 S. SEMORAN BLVD. ORLANDO, FL 32807		7. Name and Address of New Registered Agent Name Urban Cederblom Street Address (P.O. Box Number is Not Acceptable) 67 S. Semoran Blvd. City Orlando FL Zip Code 32807	
--	--	--	--

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 *Urban Cederblom* **Urban CEDERBLOM** DATE **7-27-05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VILLENEUVE, RONALD 67 S. SEMORAN BLVD. ORLANDO, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CEDERBLOM, URBAN 67 S. SEMORAN BLVD. ORLANDO, FL 32807 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Cederblom, Urban 67 S. Semoran Blvd. Orlando, FL 32807 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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 another like empowered.

SIGNATURE: *Urban Cederblom* **Urban Cederblom** DATE **7-27-05** DAYTIME PHONE # **407-275-5001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT
611269
50058618

July 22, 2005



Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Discount Lock, Inc.
EIN: 59-2971282

On behalf of the above-named taxpayer, we are enclosing the 2005 For Profit Corporation Annual Report, along with a check in the amount of \$150. Based on the information provided below, we respectfully request a waiver of the late filing fee.

Pursuant to Florida statute 607.193(2)(b), a corporation is eligible for waiver of the late filing penalty if notice of the annual report being due by May 1 was not received. Please accept this letter as the company's statement that notice of this deadline was not received. The taxpayer has consistently made a good faith effort to timely comply with all federal and state filing responsibilities. Based on these facts, we do not feel that the taxpayer should be burdened with a late filing fee, and we respectfully request a waiver of this amount.

Please give us a call if you need additional information. Thank you for your assistance and understanding.

Sincerely,

A handwritten signature in black ink, appearing to read "Ed Moss".

W. Ed Moss, Jr., CPA

480 N. Orlando Ave
Suite 218
Winter Park
Florida 32789
phone 407-644-5811
fax 407-644-6022

320 Fortenberry Road
Merritt Island
Florida 32952
phone 321-453-2020
fax 321-459-1026

307 E. New Haven Ave.
Suite One
Melbourne
Florida 32901
phone 321-727-2353
fax 321-676-3923

www.bermanhopkins.com
info@bermanhopkins.com