2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 28, 2004 8:00 am Secretary of State DOCUMENT # N00107 1. Entity Name 04-28-2004 90248 032 ****61 25 STATE OF FLORIDA BOARD OF LOCKSMITHS, INC. Principal Place of Business Mailing Address 400 W COMSTOCK AVENUE P O BOX 394 WINTER PARK FL 32790 STE 7 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address 741 MINNESOTA AVE Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State 4. FEI Number Applied For WINTER PARK, FL 59-2518990 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32789 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent B Guy Ellis, Ja ELLIS, JR B GUY Street Address (P.O. Box Number is Not Acceptable) 400 W COMSTOCK AVE WINTER PARK FL 32789 City PASINTER PARK Zip Code 32789 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Due By May 1, 2004 Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS JAMES A. RILEY 1904 BARTON PARK ROAD # 415 AULURNDALE, FL 33823 TITLE TITLE P-D ☐ Addition Delete DAVIS, GILLUN C. JR. NAME 3208 W TENNESSEE ST STREET ADDRESS STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete BI GUY ElliSSA ELLIS, B GUY JR (Address only) 741 MINNESOTA AVE WINTE PHOK, FL- 32389 NAME NAME 400 W COMSTOCK AVE STREET ADDRESS STREET ADDRESS WINTER PARK FL CITY-ST-7IP CITY-ST-7IP SAD MICHAEL ADAMS 4-NORTH 4TH STREET TITLE ☐ Addition Delete TITLE V-D DAVIS BONNIE C-NAME NAME" 3208 W TENNESSEE STR STREET ADDRESS STREET ADDRESS HAINES CITY, FL. 33844 TALLAHASSEE FL CITY-ST-7IP CITY-ST-7/P WILLIAM E. PARTINGTON II Change 54 W. GRANADA BLW TITLE S-D Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS ORMOND BEACH, FL- 32174 CITY-ST-ZIP CITY-SI-ZIP JANET BOYER AVE TITL€ Delete ☐ Change TITLE noitibbA 🔂 NAME NAME STREET ADDRESS STREET ADDRESS ORANGE-CITY FL CITY-ST-ZIP CiTY-ST-ZIP ELDERT E JONES 1612 DUCHESS DRIVE ☐ Change ✓ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS ORLANDO, FL 32805 CITY-ST-ZIP

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 617. 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.

AND TYPED OR PRINTED NAME OF SE

SIGNATURE:

FILED

√20-04 407-644-47/2

Date Daytime Phone #