


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90324 011 ****61.25

DOCUMENT # N00107				
1. Entity Name STATE OF FLORIDA BOARD OF LOCKSMITHS, INC.				
Principal Place of Business 741 MINNESOTA AVE. WINTER PARK FL 32789 US		Mailing Address P O BOX 394 WINTER PARK FL 32790 US		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent ELLIS, GUY B JR 741 MINNESOTA AVE. WINTER PARK FL 32789				7. Name and Address of New Registered Agent
				Name
				Street Address (P.O. Box Number is Not Acceptable)
				City
				FL Zip Code
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 _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____				
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RILEY, JAMES A		NAME	
STREET ADDRESS	1904 BARTON PARK RD., #415		STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL 33823		CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, B GUY JR		NAME	
STREET ADDRESS	741 MINNESOTA AVE.		STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789		CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, MICHAEL		NAME	
STREET ADDRESS	4-NORTH 4TH ST.		STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL 33844		CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARTINGTON, WILLIAM E II		NAME	
STREET ADDRESS	54 W. GRANADA BLVD.		STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYER, JANET		NAME	
STREET ADDRESS	1200 N. VOLUSIA AVE.		STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY FL 32763		CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, ELBERT E		NAME	
STREET ADDRESS	1612 DUCHESS DR.		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32805		CITY-ST-ZIP	

14000740



1st MOORE CR2E037 (10/04)

4. FEI Number 59-2518990 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RILEY, JAMES A		NAME	
STREET ADDRESS	1904 BARTON PARK RD., #415		STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL 33823		CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, B GUY JR		NAME	
STREET ADDRESS	741 MINNESOTA AVE.		STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789		CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, MICHAEL		NAME	
STREET ADDRESS	4-NORTH 4TH ST.		STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL 33844		CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARTINGTON, WILLIAM E II		NAME	
STREET ADDRESS	54 W. GRANADA BLVD.		STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYER, JANET		NAME	
STREET ADDRESS	1200 N. VOLUSIA AVE.		STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY FL 32763		CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, ELBERT E		NAME	
STREET ADDRESS	1612 DUCHESS DR.		STREET ADDRESS	
CITY-ST-ZIP	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.

SIGNATURE: B. Guy Ellis, Sr TD-3X 4-22-05 407-644-4712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #