ANNUAL REPORT (AR)

Jun 04, 2008 8:00 am
Secretary of State
06-04-2008 90004 030 ****61.25

DOCUMENT # N00107

1. Entity Name
STATE OF FLORIDA BOARD OF LOCKSMITHS, INC.

Principal Place of Business	Mailing Address
741 MINNESOTA AVE. WINTER PARK FL 32789 US	P O BOX 394 WINTER PARK FL 32790 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E037 (10/06)

4. FEI Number 59-2518990 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ELLIS, GUY B JR 741 MINNESOTA AVE. WINTER PARK FL 32789	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 _____
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, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ☐ Delete RILEY, JAMES A 1904 BARTON PARK RD., #415 AUBURNDALE FL 33823	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition U00000037896 05/27/08-[illegible]-003 70.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ☐ Delete ELLIS, B GUY JR 741 MINNESOTA AVE. WINTER PARK FL 32789	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ☐ Delete ADAMS, MICHAEL 4-NORTH 4TH ST. HAINES CITY FL 33844	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ☐ Delete PARTINGTON, WILLIAM E II 54 W. GRANADA BLVD. ORMOND BEACH FL 32174	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Delete BOYER, JANET 1200 N. VOLUSIA AVE. ORANGE CITY FL 32763	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: [signature] (TD) B. Guy Ellis, Jr — 4-27-08 — 407 644-4712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

I could not find the 2008 Form
If the ~~the~~ is not OK Please send
2008 Form

Thanks
[signature]