

NOT-FOR-PROFIT CORPORATION
2009 ANNUAL REPORT (AR)

FILED

DOCUMENT # N00107

1. Entity Name

STATE OF FLORIDA BOARD OF LOCKSMITHS, INC.



2009 MAY 22 A 11: 09

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 741 MINNESOTA AVE. WINTER PARK FL 32789 US	Mailing Address P O BOX 394 WINTER PARK FL 32790 US
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2. Florida Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt., #, etc.	Suite, Apt., #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-2518990	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 ELLIS, GUY B JR 741 MINNESOTA AVE. WINTER PARK FL 32789	
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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 _____ DATE _____
Sign and type or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25 Due By May 1, 2009	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONAL REGISTERED OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD RILEY, JAMES A 1904 BARTON PARK RD., #415 AUBURNDALE FL 33823 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	300156308633 05/22/09--01009--015 **\$61.25 Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD ELLIS, B GUY JR 741 MINNESOTA AVE. WINTER PARK FL 32789 <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	VD ADAMS, MICHAEL 4-NORTH 4TH ST. HAINES CITY FL 33844 <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	SD PARTINGTON, WILLIAM E II 54 W. GRANADA BLVD. ORMOND BEACH FL 32174 <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	D BOYER, JANET 1200 N. VOLUSIA AVE. ORANGE CITY FL 32763 <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 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.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 4/20/09 Daytime Phone: 407-644-4772