

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32882

FILED
Feb 08, 2005
Secretary of State

Entity Name: CENTRAL FLORIDA LOCKSMITH ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 204
WINTER PARK, FL 327900204

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 204
WINTER PARK, FL 327900204

New Mailing Address:

FEI Number: 59-2973766

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARTINGTON II, W E
1284 FERNWAY DRIVE
ORMOND BCH, FL 32174 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: PARTINGTON II, W E
Address: 1284 FERNWAY DR
City-St-Zip: ORMOND BCH, FL

Title: TD () Delete
Name: EARL, POLLY
Address: 8027 SUN VISTA WAY
City-St-Zip: ORLANDO, FL 32822

Title: VPD () Delete
Name: HEATH, DENNIS
Address: 131 WOODHAVEN CIRCLE EAST
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: HUFSCHEIDT, RICHARD M SR
Address: 4401 DEBORD AVE
City-St-Zip: ORLANDO, FL 32808

Title: PD () Delete
Name: RILEY, JAMES
Address: 1904 BARTON PARK RD UNIT 415
City-St-Zip: AUBURNDAL, FL 33823

Title: VPD () Delete
Name: ELLIS, GUY
Address: 741 MINNESOTA AVE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: RILEY, JAMES
Address: 1904 BARTON PARK RD UNIT 415
City-St-Zip: AUBURNDAL, FL 33823

Title: PD (X) Change () Addition
Name: ELLIS, GUY
Address: 741 MINNESOTA AVE
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W.E. PARTINGTON II

SD

02/08/2005

Electronic Signature of Signing Officer or Director

Date