

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32882

FILED  
Feb 20, 2006  
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 (X) Delete  
Name: HEATH, DENNIS  
Address: 131 WOODHAVEN CIRCLE EAST  
City-St-Zip: ORMOND BEACH, FL 32174

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: TD (X) Change ( ) Addition  
Name: RILEY, JAMES  
Address: 1904 BARTON PARK RD UNIT #415  
City-St-Zip: AUBURNDAL, FL 32823

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

02/20/2006

Electronic Signature of Signing Officer or Director

Date