

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32882

FILED
Mar 22, 2007
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:

BOX 204
WINTER PARK, FL 327900204

Current Mailing Address:

P.O. BOX 204
WINTER PARK, FL 327900204

New Mailing Address:

P. O. BOX 204
WINTER PARK, FL 327900204

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: RILEY, JAMES
Address: 1904 BARTON PARK RD UNIT #415
City-St-Zip: AUBURNDAL, FL 32823

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: ELLIS, GUY B JR.
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 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

P

03/22/2007

Electronic Signature of Signing Officer or Director

Date