

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32882

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA LOCKSMITH ASSOCIATION, INC.

**Current Principal Place of Business:**

BOX 518  
ORMOND BEACH, FL 321750518 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 518  
ORMOND BEACH, FL 321750518 US

**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:** V  
**Name:** HOTALING, DOUGLAS  
**Address:** 712 SOUTH HWY 27  
**City-St-Zip:** MINNEOLA, FL 34715 US

**Title:** P  
**Name:** KESSLER, BRIAN  
**Address:** P.O. BOX 490161  
**City-St-Zip:** LEESBURG, FL 34749 US

**Title:** T  
**Name:** ADAMS, MICHAEL  
**Address:** 411 4TH ST  
**City-St-Zip:** HAYNES CITY, FL 33844 US

**Title:** S  
**Name:** SWEET, BRIAN  
**Address:** 3263 AMELIA ST  
**City-St-Zip:** ORLANDO, FL 32803

**Title:** V  
**Name:** RANDAZZO, VINCENT  
**Address:** 2088 LAKEBRIDGE WAY  
**City-St-Zip:** DELTONA, FL 32738 US

I hereby 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 all other like empowered.

**SIGNATURE:** W.E. PARTINGTON II

R.A.

03/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date