


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90240 032 ***150.00

DOCUMENT # P00000012504

1. Entity Name
C.I. LOCK & KEY CORPORATION



Principal Place of Business
**1281 GOLF VIEW DRIVE, WEST
 PEMBROKE PINES, FL 33026**

Mailing Address
**1281 GOLF VIEW DRIVE, WEST
 PEMBROKE PINES, FL 33026**

2. Principal Place of Business
5840 SW 58th COURT

3. Mailing Address
5840 SW 58th COURT

Suite, Apt. #, etc.



04132004 Chg-P CR2E034 (10/03)

City & State
Davie, FL

City & State
Davie, FL

Zip
33314

Country

4. FEI Number
06-1571043

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

IZZO, CHRIS
1281 GOLF VIEW DRIVE, WEST
PEMBROKE PINES, FL 33026

7. Name and Address of New Registered Agent

Name
CHRIS IZZO

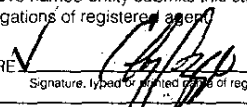
Street Address (P.O. Box Number is Not Applicable)
5840 SW 58th COURT

City
DAVIE

State
FL

Zip Code
33314

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: **4-22-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD IZZO, CHRIS 1281 GOLF VIEW DR WEST PEMBROKE PINES, FL 33026	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			PSD CHRIS IZZO 5840 SW 58 th COURT DAVIE FL 33314
			<input checked="" 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
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
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 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 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 607, 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:  DATE: **4-22-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR