

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P00000108763

1. Entity Name

JUST YOUR LOCK, INC.



08-20-2004 90006 007 ***150.00

04 OCT 11 PM 3:54

Principal Place of Business

22718 VISTAWOOD WAY
BOCA RATON FL 33428

Mailing Address

22718 VISTAWOOD WAY
BOCA RATON FL 33428

2. Principal Place of Business

3. Mailing Address



MOORE CR2E034 (11/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FBI Number

65-1058525

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEEKMAN, MARSHA
22718 VISTAWOOD WAY
BOCA RATON FL 33428

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/17/04
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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
PSTD
BEEKMAN, MARSHA
22718 VISTAWOOD WAY
BOCA RATON FL 33428 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/17/04
Date

Daytime Phone #

1-561-488-2442 TEL
1-800-846-5622 TOLL FREE
1-561-488-7146 FAX

Morton Amster
ACCOUNTANT - AUDITOR

8128 CORMYOR WAY
BOYNTON BEACH, FLORIDA
33437

October 6, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

RE: Just Your Lock, Inc.
P00000108763

Gentlemen;

I am the accountant for Just Your Lock, Inc. We received a letter from the Department requesting an additional amount due of \$400.00 for the 2004 annual report. I previously wrote you when I filed this report that my client never received the annual report even after I filed the post card requesting the report. When I finally received the report I filed it immediately with the check for \$150.00.

I beleive that my client was not neglicant in filing this report timely. I am requesting that the late penalty be waived.

Thanking you for your kind consideration in this matter.

Sincerely,


Morton Amster