

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90050 010 ***150.00

DOCUMENT # P01000060677 1. Entity Name A-BUDGET LOCKSMITH CORPORATION			
Principal Place of Business 217 C GEORGETOWN DR. CASSELBERRY, FL 32707		Mailing Address PMB B 540 478 E ALTAMONTE DR STE. 108 ALTAMONTE SPRINGS, FL 32701 US	
2. Principal Place of Business - No P.O. Box # 2217 DUMAS DR Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State DELTONA FLORIDA		City & State City: DELTONA State: FL	
Zip 32738		Zip 32738	
Country USA		Country USA	
4. FEI Number 59-3733388		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCGOWEN, MICHAEL 217 C GEORGETOWN DR. CASSELBERRY, FL 32707		7. Name and Address of New Registered Agent Name: MCGOWEN MICHAEL Street Address (P.O. Box Number is Not Acceptable): 2217 DUMAS DR. City: DELTONA State: FL Zip Code: 32738	
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: <u><i>Michael McGowen</i></u> MICHAEL MCGOWEN PRESIDENT 4-17-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P MCGOWEN, MICHAEL 217 C GEORGETOWN DR. CASSELBERRY, FL 32707	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCGOWEN MICHAEL 2217 DUMAS DR. DELTONA, FL 32738	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Michael McGowen</i></u> MICHAEL MCGOWEN PRESIDENT 4-17-08 <small>Signature and typed or printed name of signing officer or director</small>			