
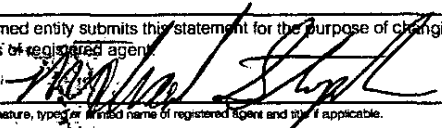
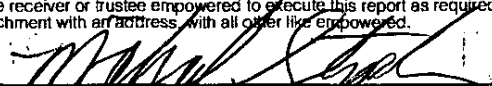


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90090 027 \*\*\*150.00

<b>DOCUMENT # P02000011855</b>					
1. Entity Name <b>ADVANCED SAFE AND LOCK, INC.</b>					
Principal Place of Business <b>3010 SE MONROE ST STUART, FL 34997</b>			Mailing Address <b>3010 SE MONROE ST STUART, FL 34997</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>03-0415160</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>STEPHAN, MICHAEL 3010 SE MONROE ST STUART, FL 34997</b>			7. Name and Address of New Registered Agent		
			Name <b>STEPHAN, ERNEST</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>3010 SE MONROE ST.</b>		
			City <b>STUART, FL.</b>		Zip Code <b>FL 34997</b>
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: <b>4/19/04</b>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>STEPHAN, MICHAEL</b>	NAME	<b>STEPHAN, MICHAEL</b>		
STREET ADDRESS	<b>634 SE KERRIGAN TERR</b>	STREET ADDRESS	<b>3010 SE MONROE ST</b>		
CITY-ST-ZIP	<b>PORT SAINT LUCIE, FL 34983</b>	CITY-ST-ZIP	<b>STUART, FL. 34997</b>		
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>STEPHAN, KENNETH</b>	NAME	<b>STEPHAN, CHRISTA</b>		
STREET ADDRESS	<b>1624 SW PALM CITY RD</b>	STREET ADDRESS	<b>3010 SE MONROE</b>		
CITY-ST-ZIP	<b>STUART, FL 34994</b>	CITY-ST-ZIP	<b>STUART, FL. 34997</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <b>4/19/04</b>					