


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2006 8:00 am
Secretary of State

05-12-2006 90026 014 ***158.75

DOCUMENT # P02000013685	
1. Entity Name 911 LOCKSMITH INC.	

Principal Place of Business 801 SW ANDREW ROAD PSL, FL 34953	Mailing Address 801 SW ANDREW ROAD PSL, FL 34953
--------------------------------------------------------------------	--------------------------------------------------------

2. Principal Place of Business	3. Mailing Address <i>354 SE. Greenway Ave</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <i>Port St. Lucie FL</i>
Zip	Country <i>USA</i>
	Zip <i>34983</i>



02022006 Chg-P CR2E034 (11/05)

4. FEI Number 02-0555018	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LUCAS, RICHARD G 801 SW ANDREW ROAD PSL, FL 34953	7. Name and Address of New Registered Agent 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) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PTV LUCAS, RICHARD G 801 SW ANDREW ROAD PSL, FL 34953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>LUCAS, Richard G</i> <i>354 SE. Greenway Ave</i> <i>Port St. Lucie FL 34983</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LUCAS, KATHY M 801 SW ANDREW ROAD PSL, FL 34953 <input checked="" 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
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 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: *Richard Lucas* *Apr 1/28/06* *954* *8227266*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
 40091587
 #P02000013685 Total 150.00
 8.75
 158.75
 14#

Dear Sirs,

I Richard G. Lucas have been involved in a nasty divorce since July 005. MY NOW & wife did everything possible to make my life VERY D.ifficult. Including NOT forwarding Any mail to me, especially Important mail like my Annual Report. I have had to be distracted from a normal state of mind due to MANY Scornful Acts. Please note the Date on the Final Divorce. MAY 1st. I had to be in Another Court defending a false Criminal Charge related on this same day. Please Accept this Annual Report one week late. I'm broke and even this 158 dollars hurts at this time. Please CALL IF Any Question's. Also Note my change of address twice this year. 354

ATTACHMENT 40091587

#P0200013685
IN THE CIRCUIT COURT OF THE
19TH JUDICIAL CIRCUIT IN AND FOR
ST. LUCIE COUNTY, FLORIDA

CASE NO. 05-DR-3294

IN RE: THE MARRIAGE OF

RICHARD LUCAS,

Petitioner/Husband,
and

KATHLEEN MARY LUCAS,

Respondent/Wife.

RE-NOTICE OF HEARING
(UMC Calendar)

TO: Brian Beauchamp, Esq.
759 S. Federal Highway
Stuart, FL 34994

YOU ARE HEREBY NOTIFIED that the undersigned shall call up for hearing before the
Honorable Cynthia Cox, at the St. Lucie County Courthouse, 218 S. Second Street, Ft. Pierce,
Florida on Monday, the 1st day of May, 2006, at 1:00 p.m., or as soon thereafter as may be heard:

FINAL JUDGMENT OF DISSOLUTION OF MARRIAGE
(OR)
MOTION TO WITHDRAW AS COUNSEL

I HEREBY CERTIFY that a true and correct copy of the foregoing was furnished by U.S.
Mail on this 18th day of April, 2006 to the above-named addressee.

BRUCE C. BAILLIE, ESQUIRE
Attorney for Wife
215 South Federal Highway, Suite 203
Stuart, Florida 34994
(772)220-8888

By: Bruce C. Baillie
BRUCE C. BAILLIE, ESQ.
Fla. Bar No. 304182

cc: Honorable Cynthia Cox

If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact the ADA Coordinator at 772-462-6900, 221 South Indian River Drive, Fort Pierce, Florida 34950, within 2 working days of your receipt of this document. If you are hearing or voice impaired, call 1-800-955-8771.