# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

### FILED Jun 29, 2004 8:00 am Secretary of State

1. Entity Nam	LOCK & KEY, INC.					06-29-200	4 90001 (		50.00
5221 RIVER	e of Business PARK RD. LE, FL 32277	Mailing Address 5221 RIVER PARK RD. JACKSONVILLE, FL 32277			s läännen nii än	ile sell gom estli gelse		5915	- ,
2. Principal P 15335 Suite, Apt.		3. Mailing Address PO POV 11 Suite, Apt. #, etc.	אבו			Cha B	CR2E034	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
City & Stat	e :	City & State			05112004 4. FEI Number	Chg-P	CH2EU34		plied For
Jak, F	L 32226 ·	Jak, FL 3	DOUNTRY	<u>'                                    </u>	82-0551	<del></del>		No. <b>8.75</b> Add	t Applicable
3333	6. Name and Address of Current R	3239 7	DEWAC		5. Certificate of 7. Name and A	ddress of New Re	L Fe	e Required	
			Name	<u>·</u>	<u> </u>		<u>-9-</u>		
	STACY L R PARK RD VILLE, FL 32277		Street Ac	dress (P.C	D. Box Number	is Not Acceptable	)		
	1		City	-			FL	Zip Code	
	named entity submits this statement for tions of registered agent.	the purpose of changing its regi	istered office or	registered	agent, or both,	in the State of Flo	rida. I am far	niliar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent ar	od title if applicable. (NOTE: Reg	gistered Agent algnatur	re reclused wh	en reinstaling)		DATE		<u> </u>
D	LE NOW!!! FEE'ÎS \$550.00 ue by September 8, 2004	Election Campaign F Trust Fund Contribut	tion.	<b>\$5.0</b> ( Added	May Be to Fees		. • . •		
TITLE	OFFICERS AND D	DIRECTORS  Delete	TITLE	NE		HANGES TO OFFI			IN 11_
NAME STREET ADDRESS CITY-ST-ZIP	COLLINS, STACY L 5221 RIVER PARK RD. JACKSONVILLE, FL 32277	Delete	NAME STREET ADDRESS CITY-ST-ZIP	153	35 Ye	llow B	luff (	Rd	
TITLE NAME	D COLLINS, STEVEN M	☐ Delete	TITLE NAME	NEX	u Abb	<b>₹</b> E\$_2	[	☐ Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP	5221 RIVER PARK RD. JACKSONVILLE, FL 32277		STREET ADDRESS CITY-ST-ZIP	1533 Jack	5 Yell	OW BI	uff 7	2d.	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	1	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				]	Change	☐ Addition
TITLE NAME - STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				[	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				{	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	,			· [	Change	☐ Addition
12. I hereby indicated	certify that the information supplied with I on this report or supplemental report is	this filing does not qualify for the true and accurate and that my s	exemption state ignature shall ha	ed in Secti ave the sar	ion 119.07(3)(i). me legal effect a	Florida Statutes. I	further certif	y that the in an officer	formation or director

Affachment 5405915-9

FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 12, 2004

AA ACE LOCK & KEY, INC. P.O. BOX 11726 JACKSONVILLE, FL 32239

SUBJECT: AA ACE LOCK & KEY, INC. Ref. Number: P02000018338

I guess this was pot in Someone's P.O. Box just recieved in my Box today. Hepe this is what you need. New Address. on form PO Box is the same Thank-you

We have received your check(s) totaling \$150.00; however it cannot be Stacy processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.

Please return the corrected documents to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Gary Blankenbaker Document Specialist

Letter Number: 104A00033036

Division of Corporations 54059/59



## Annual Report

Payment Page

Document Tracking # - 000035027700

Corporate Annual Report # (- P02000018338

The charge amount for your filing is \$150.00.

### **Payment**

If you experience a problem during the payment process and do not receive your final acknowledgement from the Division of Corporations, please contact our help desk at (850) 245-6939.

When you receive your final acknowledgement, your document will be processed within 48 hours.

When your document is filed, we will mail any requested documents to the return address listed on the form.

Please select one of the payment options listed below.

Credit Card Payment

If you press the 'Credit Card Payment' button from this screen, you will be sent to the payment screen to be charged for this filing.

> Sunbiz E-file account number **Password** E-mail Address

> > Sunbiz E-file Account Payment

Reset

If you enter an account number and password and press the 'Sunbiz E-file Account Payment' button from this screen, your account will be charged.

#### Please Note

Attachment

Page 1 of 2



# **Division of Corporations**

59059159

# **Annual Report**

Page 1

Document Number
P0200018339
Business Entity Name
AA ACE LOCK & KEY, INC.

FEI Number		820551549			
FEI Number Status		Applied	For	Not Applicabl	le (Current)
Certificate of Status Desired		Yes	No		
				_	
	Princip	al Place	of Bu	siness	
NEW	Address	15335 Yellov	v Bluff Ro	1	
	Suite, Apt. #, etc.				
	City, State	JACKSONV	LLE	, FL	
	Zip Code & Country				
	M	ailing A	ddres	S	
	Address	PO Box 1172	26		
	Suite, Apt. #, etc.				
,	City, State	JACKSONVI	LLE	, FL	
	Zip Code & Country			2-11. 2.7 1.2- 1103	
	•	L	· · · · · · · · · · · · · · · · · · ·		
	Name And Ac	dress of	Regi	stered Ager	nt
Name (La	st, First, Middle, Titl			,	, L ,
	Business Name	PO 13			-11
Address		15335 Yell			
Suite, Apr	t. #, etc.				Superior page 1 - Millionness Superior
City, State		JACKSON	VILLE	, FL	1
Zip Code & Country		32226			
	•	<b></b>			

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a

Division of Corporations	must sign on their behalf. A business	Page 2 of 2	
business entity, an individual r	must sign on their behalf. A business	entity cannot serve as its	
• ·	own RA.	5405915	_
Registered Agent Signature			•
	Continue Reset		
	Start Over		

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. Division of Corporations

Affachment 54059/59



# **Division of Corporations**

# Annual Report

Page 2

Document Number
P02000018338

Business Entity Name
AA ACE LOCK & KEY, INC.

Election Campaign Financing Trust Fund Contribution Yes No

### Officer/Director Name And Address

Title	D
Name (Last, First, Middle, Title)	COLLINS STACY
-or- Entity Name	
Street Address	15335 Yellow Bluff Rd
City, State	JACKSONVILLE , FL
Zip Code & Country	32226
T'41-	[ <del></del> ]
Title	<u>D</u>
Name (Last, First, Middle, Title)	COLLINS STEVEN M
-or- Entity Name	
Street Address	15335 Yellow Bluff Rd
City, State	JACKSONVILLE , FL
Zip Code & Country	32226
T'41	
Title	
Name (Last, First, Middle, Title)	<u> </u>
-or- Entity Name	
Street Address	
City, State	,
Zip Code & Country	

Division of Corporations	Attachment Page 2 of 2 Sie. # \$\tag{2000018338}
•	Dre. # \$12000018338
Title	2405-611-6
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	
City, State	
Zip Code & Country	
Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	
City, State	
Zip Code & Country	
Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	
City, State	
Zip Code & Country	
List more than six Officers/Directors	No additional Officers/Directors to list
Signature' block below. A corpora	type their name in the 'Officer/Director atte name is not allowed in this block.
Title	D
Officer/Director Signatur	e Stacy Collins
Cor	ntinue Reset
	Start Over

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