

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90040 006 ***150.00

DOCUMENT # P02000125292

1. Entity Name

ABLE LOCKS INC.



Principal Place of Business

2101 PUMPKIN PL NE
PALM BAY FL 32905

Mailing Address

P.O. BOX 0306
PALM BAY FL 32906

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 54-2085173

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

FRYMAN, CAROLE
12501 S.W. 147TH TERR.
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name **SY FRYMAN**
Street Address (P.O. Box Number is Not Acceptable) **2101 PUMPKIN PL NE**
City **PALM BAY** FL Zip Code **32905**

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, 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	PD FRYMAN, CAROLE 2101 PUMPKIN PLACE PALM BAY FL 32905	<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	VD FRYMAN, SY 2101 PUMPKIN PL PALM BAY FL 32905	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: **SY FRYMAN Vice Pres Sec.** 3-22-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #