

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P03000029441

1. Entity Name

SENTRY LOCKSMITH & SAFES CORPORATION



FILED

**Apr 28, 2004 8:00 am
Secretary of State**

04-28-2004 90274 019 ***150.00

Principal Place of Business

9236 GETTYSBURG RD.
BOCA RATON FL 33434

Mailing Address

9236 GETTYSBURG RD.
BOCA RATON FL 33434

2. Principal Place of Business

4911 LYONS TECH. PKWY
Suite #4

3. Mailing Address

4911 LYONS Tech. Pkwy.
Suite #4

City & State

COCONUT CREEK, FL

City & State

COCONUT CREEK, FL

Zip 33073

Country BROWARD

Zip 33073

Country BROWARD

4. FEI Number

90-0065920

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIEKOS, ERIC
9236 GETTYSBURG RD.
BOCA RATON FL 33434

Name

KATHY TREHAL

Street Address (P.O. Box Number is Not Acceptable)

4911 LYONS Tech. Pkwy.
Suite #4

City COCONUT CREEK FL Zip Code 33073

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: *Kathy Trehal*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-26-04

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		<input type="checkbox"/> Delete	TITLE	<i>D/P</i>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME	<i>KATHY TREHAL</i>		
STREET ADDRESS			STREET ADDRESS	<i>4911 LYONS Tech. Pkwy #4</i>		
CITY-ST-ZIP			CITY-ST-ZIP	<i>COCONUT CREEK, FL 33073</i>		
TITLE		<input type="checkbox"/> Delete	TITLE	<i>C</i>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME	<i>ERIC PIEKOS</i>		
STREET ADDRESS			STREET ADDRESS	<i>9236 Gettysburg Rd</i>		
CITY-ST-ZIP			CITY-ST-ZIP	<i>Boca Raton, FL 33434</i>		
TITLE		<input type="checkbox"/> Delete	TITLE	<i>VP/MD</i>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME	<i>RONDEAU EAST</i>		
STREET ADDRESS			STREET ADDRESS	<i>650 Jefferson Street #3</i>		
CITY-ST-ZIP			CITY-ST-ZIP	<i>Boca Raton, FL 33487</i>		
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: *Kathy Trehal* KATHY TREHAL 4-26-04 561-350-4696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #