

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-28-2004 90274 019 ***150.00

DOCUMENT # P03000029441

1. Entity Name

SENTRY LOCKSMITH & SAFES CORPORATION



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, Apt. #, etc.
Suite #4

3. Mailing Address

4911 Lyons Tech. Pkwy.
Suite, Apt. #, etc.
Suite #4



MOORE

CR2E034 (11/03)

City & State
COCONUT CREEK, FL.

Zip
33073
FL

Country
BROWARD

City & State
COCONUT CREEK, FL

Zip
33073

Country
BROWARD

4. FEL 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

7. Name and Address of New Registered Agent

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.

Kathy Trehal

(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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME **D/P**
STREET ADDRESS **KATHY TREHAL**
CITY-ST-ZIP **4911 LYONS Tech. Pkwy #4**
COCONUT CREEK, FL. 33073

TITLE ☐ Change ☒ Addition
NAME **C**
STREET ADDRESS **ERIC PIEKOS**
CITY-ST-ZIP **9236 GETTYSBURG RD**
BOCA RATON, FL. 33434

TITLE ☐ Change ☒ Addition
NAME **VP/MD**
STREET ADDRESS **RONDEAU EMIG**
CITY-ST-ZIP **650 JEFFERY STREET #3**
BOCA RATON, FL. 33487

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHY TREHAL

Date

Daytime Phone #

4-26-04

561-350-4696