

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 13, 2007 8:00 am**  
**Secretary of State**

07-13-2007 90086 020 \*\*\*150.00

<b>DOCUMENT # P03000070802</b>					
<b>1. Entity Name</b> A -1 DOOR & LOCK INC.					
<b>Principal Place of Business</b> 3634 BONITA BEACH ROAD BONITA SPRINGS, FL 34134			<b>Mailing Address</b> 3634 BONITA BEACH ROAD BONITA SPRINGS, FL 34134		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 65-1195538	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  STEWART, LARRY 10851 GOODWIN STREET BONITA SPRINGS, FL 34135				<b>7. Name and Address of New Registered Agent</b> Name <u>RANDY SUMMERS</u> Street Address (P.O. Box Number is Not Acceptable) <u>3634 BONITA BEACH ROAD</u> City <u>BONITA SPRINGS</u> <u>FL</u> Zip Code <u>34134</u>	
<b>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.</b> SIGNATURE <u>[Signature]</u> <span style="float: right;">DATE <u>107-11-07</u></span> <small>Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEWART, LARRY 10851 GOODWIN STREET BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RANDY SUMMERS PO BOX 366802 3634 Bonita Bch Rd BONITA SPRINGS, FL 34134	<input checked="" 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
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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
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>107-11-07</u> / 239 495 3368 <small>Daytime Phone #</small>	