

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000108816

1. Entity Name
A-1 LOCK & KEY SERVICE, INC.



FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90188 014 ***150.00

Principal Place of Business
P.O. BOX 320371
TAMPA, FL 33679-2371 US

Mailing Address
P.O. BOX 320371
TAMPA, FL 33679-2371 US



2. Principal Place of Business
3511 S. MANHATTAN AVE

3. Mailing Address
3511 S. MANHATTAN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04162005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
20-0271050

Applied For
Not Applicable

Zip
33629

Country
HILLSBORO

Zip
33629

Country
HILLSBORO

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KNECHT, KEITH A
4901 W SAN NICHOLAS
TAMPA, FL 33629

Name

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

City

FL

Zip Code

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, 2005 Fee will be \$550.00

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

P ☐ Delete
KNECHT, KEITH A
P.O. BOX 320371
TAMPA, FL 336792371

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition
3511 S. MANHATTAN AVE
TAMPA, FL 33629

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
VST
KNECHT, MARILYN L
P.O. BOX 320371
TAMPA, FL 33679

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
3511 S. MANHATTAN AVE
TAMPA, FL 33629

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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: Keith A Knecht Pres **KEITH A KNECHT** 4/29/05 **813-831-8750**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #