

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90025 011 \*\*\*150.00

**66005399**



1st MOORE CR2E034 (10/04)



DOCUMENT # P04000106280				1. Entity Name		A-1 LOCKSMITH & SECURITY, INC.	
Principal Place of Business				Mailing Address			
51 9TH STREET SOUTH NAPLES FL 34102				51 9TH STREET SOUTH NAPLES FL 34102			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SCHELLING, JEFFREY S PA 2240 TRADE CENTER WAY NAPLES FL 34104				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 _____ DATE _____							
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)							
<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2005 Fee Will Be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b></p>				<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/>	Addition <input type="checkbox"/>	
NAME	HOGAN, BARBARA J			NAME			
STREET ADDRESS	51 9TH STREET SOUTH			STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34102			CITY-ST-ZIP			
TITLE		Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/>	Addition <input type="checkbox"/>	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/>	Addition <input type="checkbox"/>	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/>	Addition <input type="checkbox"/>	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/>	Addition <input type="checkbox"/>	
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: <i>Barbara J. Hogan</i>				SIGNATURE: <i>Barbara J. Hogan</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE: <i>2/3/05</i> DAYTIME PHONE #: <i>239-430-4116</i>			