

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90011 006 ***150.00

DOCUMENT # P04000127980

1. Entity Name
AFFORDABLE LOCKSMITH, INC.



Principal Place of Business
**4630 N. UNIVERSITY DRIVE
SUITE 471
CORAL SPRINGS, FL 33067**

Mailing Address
**4630 N. UNIVERSITY DRIVE
SUITE 471
CORAL SPRINGS, FL 33067**

50002775



2. Principal Place of Business

3. Mailing Address

**5944 Coral Ridge Dr.
Suite, Apt. #, etc. #158**

**5944 Coral Ridge Dr.
Suite, Apt. #, etc. #158**

01102005 Chg-P CR2E034 (10/03)

City & State
Coral Springs FL

City & State
Coral Springs FL

4. FEI Number
980198485 Applied For
Not Applicable

Zip
33066 Country
USA

Zip
33066 Country
USA

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

**GOUZ, LOUIS
7522 WILES ROAD
SUITE 102
CORAL SPRINGS, FL 33067-2056**

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
**PRES
LAWNER, BRUCE A
4630 N. UNIVERSITY DRIVE, SUITE 471
CORAL SPRINGS, FL 33067** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**5944 Coral Ridge Dr #158
Coral Springs FL 33066** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SEC
LAWNER, CHERYL A
4630 N. UNIVERSITY DRIVE, SUITE 471
CORAL SPRINGS, FL 33067** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**5944 Coral Ridge Dr #158
Coral Springs FL 33066** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/05
Date

954-345-5885
Daytime Phone #