2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 17, 2006 8:00 am
Secretary of State
03-17-2006 90127 014 ***150.00

DOCUMENT # P04000162835

1. Entity Name
LOCK DOCTOR, INC.

Principal Place of Business	Mailing Address
206 S 6TH STREET FERNANDINA BEACH, FL 32034	206 S 6TH STREET FERNANDINA BEACH, FL 32034

2. Principal Place of Business	3. Mailing Address
320 S. 8th Street	PO Box 1042
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fernandina Beach FL	City & State: Fernandina Beach FL
Zip: 32034 Country: US	Zip: 32035 Country: US

01262006 Chg-P CR2E034 (11/05)

4. FEI Number: 20-2355735 ☐ Applied For ☐ Not Applicable

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
SMITH, WILLIAM J 4492 LIMPKIN LANE FERNANDINA BEACH, FL 32034	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: AM 3/15/06
Signature, type 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, 2006 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	D MCCREADY, JASON A 206 S 6TH STREET FERNANDINA BEACH, FL 32034	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LIANE M. YODER MCCREADY 206 S 6TH STREET FERNANDINA BEACH, FL 32034	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ADAMS, RICHARD G 206 S 6TH STREET FERNANDINA BEACH, FL 32034	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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.

SIGNATURE: AM 3/15/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #