2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P04000167383 03-30-2005 90036 025 ***158.75 1. Entity Name FLORIDA LOCKERS, INC. Principal Place of Business Mailing Address 17520 SW 103RD PLACE 17520 SW 103RD PLACE ARCHER, FL 32618 ARCHER, FL 32618 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03032005 Chg-P CR2E034 (10/03) 4. FEI Number City & State City & State Applied For *59-3*79*351*z Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KOELBEL, WILLIAM J Street Address (P.O. Box Number is Not Acceptable) 17520 SW 103RD PLACE ARCHER, FL 32618 City 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 registating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 nne TITLE Defete ☐ Change ☐ Addition KOELBEL, WILLIAM J NAME NAME STREET ADDRESS 17520 SW 103RD PLACE STREET ADDRESS ARCHER, FL 32618 CTY-ST-ZP CITY-ST-7IP ☐ Detete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZIP TITLE Delete TOP ☐ Change M Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RHĒ ☐ Delete TITS F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P ☐ Delete TITLE ☐ Change ☐ Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

3/7/05

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 30, 2005 8:00 am