

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000170393

1. Entity Name
K&D MOBILE LOCK AND KEY COMPANY



Principal Place of Business
2530 SE MADISON STREET
STUART, FL 34997

Mailing Address
2530 SE MADISON STREET
STUART, FL 34997

FILED
Jul 30, 2008 08:00 AM
Secretary of State



07172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1215791

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SABATASO, CYNTHIA
6381 SE PHILLIP BEND AVE
STUART, FL 34997

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME JONES, KENNETH
STREET ADDRESS 2530 SE MADISON STREET
CITY-ST-ZIP STUART, FL 34997

TITLE D
NAME JONES, DEBRA
STREET ADDRESS 2530 SE MADISON STREET
CITY-ST-ZIP STUART, FL 34997

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000956706
07/30/08-80003-023 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exceptions 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/24/08