2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

4/1

FILED
May 02, 2007 8:00 am
Secretary of State

04-17-2007 90056 010 ***150.00

DOCUMENT # P06000025562

1. Entity Name
LOCAL LOCK INC

Principal Place of Business	Mailing Address
4460 HODGES BLVD 421 JACKSONVILLE FL 32224	4460 HODGES BLVD 421 JACKSONVILLE FL 32224

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
13715 Richmond park dr N	13715 Richmond Park dr N
Suite, Apt. #, etc.: #1202	Suite, Apt. #, etc.: #1202
City & State: Jacksonville FL	City & State: Jacksonville FL
Zip: 32224 Country:	Zip: 32224 Country:

4. FEI Number: 20-4345270 ☐ 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
AMOYAL, ETI 4460 HODGES BLVD 421 JACKSONVILLE FL 32224	Name: Amoyal ETI Street Address (P.O. Box Number is Not Acceptable): 13715 Richmond Park dr N #1202 City: Jacksonville FL Zip Code: 32224

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] Eti H Amoyal 04/05/07
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, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	P AMOYAL, ETI HADASA 4460 HODGES BLVD, STE 421 JACKSONVILLE FL 3224	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Amoyal ETI 13715 Richmond Park dr N #1202 Jacksonville FL 32224	☑ 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
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 exemptions contained in Section 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] Eti H Amoyal 04/05/07 904-339-3154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #