

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90113 012 ***150.00

DOCUMENT # P07000093194

1. Entity Name

A&C LOCKGUYS INC



Principal Place of Business

12620 SE 143RD ROAD COURT
OCKLAWAHA, FL 32179
US

Mailing Address

PO BOX 2560
BELLEVUE FL 34421
US



2. Principal Place of Business - No P.O. Box #

6919 SE 23rd Ct.

3. Mailing Address

PO Box 388

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Ocala FL

City & State

Bellevue FL

4. FEI Number

75-3251016

Applied For

Not Applicable

Zip

34480

Country

USA

Zip

34421

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

LOSITO, VALERIE J
11570 S US HIGHWAY 441
BELLEVUE FL 34420

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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	P.	☒ Delete
NAME	COHEN, ALAN	
STREET ADDRESS	PO BOX 2560	
CITY-ST-ZIP	BELLEVUE FL 34421	
TITLE	VP	☐ Delete
NAME	SANTIAGO, CHRISTINO	
STREET ADDRESS	PO BOX 2560	
CITY-ST-ZIP	BELLEVUE FL 34421	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	☒ Change ☐ Addition
NAME	@ Santiago, cristino	
STREET ADDRESS	PO Box 388	
CITY-ST-ZIP	Bellevue FL 34421	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 or without other like empowered.

SIGNATURE:

Christino Santiago
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-08

(352) 875-4357

Date

Daytime Phone #