2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Feb 23, 2005 8:00 am Secretary of State DOCUMENT # P93000041213 1. Entity Name 02-23-2005 90072 026 ***150 00 CAROLE'S LOCKSMITH SERVICE, INC. Principal Place of Business Mailing Address 9130 RIDGELAND DRIVE 9130 RIDGELAND DRIVE CYTOTUUE MIAMI FL 33157 **MIAMI FL 33157** 2. Principal Place of Business 3. Mailing Address 1501 SW 156 STREET 7501 S.W. 156 STREET Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) 1st MOORE 4. FEI Number Applied For City & State City & State 65-0416524 PALLUETTO BAY PALMETTO BAY Not Applicable \$8.75 Additional 5. Certificate of Status Desired Mia-Dade Miani-Dade Fee Regulred 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent S- HECK HECK, CAROLE S Street Address (P.O. Box Number is Not Acceptable) 7501 SW 156 STREET 9130 RIDGELAND DRIVE MIAMI FL 33157 DALMETTO BAY 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. changing Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. **⊠** Change ☐ Defete TITLE ☐ Addition HECK, CAROUE S. 7501 S.W. 156 STREET HECK, CAROLE S. NAME NAME ADD/2ESS 9130 RIDGELAND DRIVE STREET ADDRESS STREET ADDRESS ONLY PALMETTO BAY, FL 33157 C1160 CITY-ST-ZIP MIAMI FL CITY-ST-ZIP Addition ☐ Delete TITLE **⊁** Change TITLE HECK, DON C. HECK, DON C. NAME NAME 7501 SW 156 STREET STREET ADDRESS 9130 RIDGELAND DRIVE STREET ADDRESS PALLETTO BAY, IL: 33157 CITY-ST-ZIP CITY-ST-7/P MIAMI FI TITLE ☐ Defete ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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

FILED