
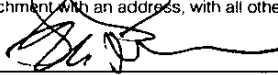


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90072 033 ***150.00

DOCUMENT # P93000068283 1. Entity Name ACCESS SAFE & LOCK CO., INC.					
Principal Place of Business 5515 US HIGHWAY 98 NORTH STE. B LAKELAND, FL 33809			Mailing Address 5515 US HIGHWAY 98 NORTH STE. B LAKELAND, FL 33809		
2. Principal Place of Business - No P.O. Box # 5532 US HWY 98 NORTH		3. Mailing Address 5532 US HWY 98 NORTH			
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____			
City & State LAKELAND, FLORIDA		City & State LAKELAND, FLORIDA		4. FEI Number 59-3201905	
Zip 33809		Country POLK		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAMPONE, FRANK JR. 5515 US HIGHWAY 98 NORTH STE. B LAKELAND, FL 33809			7. Name and Address of New Registered Agent Name LAMPONE, FRANK JR. Street Address (P.O. Box Number is Not Acceptable) 5532 US HWY 98 NORTH City LAKELAND FL Zip Code 33809		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D <input type="checkbox"/> Delete LAMPONE, FRANK A JR 717 HAYNES RD. LAKELAND, FL 33809		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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: 			FRANK LAMPONE JR.		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 1/7/08 Daytime Phone # 863-859-9809		