


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000057149 1. Entity Name A TO Z LOCK & KEY, INC.					
Principal Place of Business 15965 CANDLE DRIVE FORT MYERS FL 33908			Mailing Address 15965 CANDLE DRIVE FORT MYERS FL 33908		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0517358 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent FALLACARA, FRANCIS L 15965 CANDLE DRIVE FORT MYERS FL 33908				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May C. Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D <input type="checkbox"/> Delete NAME FALLACARA, FRANCIS L STREET ADDRESS 15965 CANDLE DRIVE CITY- ST- ZIP FORT MYERS FL 33908	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add NAME U000000449463 STREET ADDRESS 03/09/06-80057-006 CITY- ST- ZIP 150.00		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add NAME STREET ADDRESS CITY- ST- ZIP		
TITLE ST <input type="checkbox"/> Delete NAME FALLACARA, BARBARA L. STREET ADDRESS 15965 CANDLE DR CITY- ST- ZIP FT. MYERS FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add NAME STREET ADDRESS CITY- ST- ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add NAME STREET ADDRESS CITY- ST- ZIP		
TITLE P <input type="checkbox"/> Delete NAME FALLACARA, FRANCIS L STREET ADDRESS 15965 CANDLE DRIVE CITY- ST- ZIP FORT MYERS FL 33908	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add NAME STREET ADDRESS CITY- ST- ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add NAME STREET ADDRESS CITY- ST- ZIP		
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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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Francis L Fallacara</i> 2/27/06 239-454-3330 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					