

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 A
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
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04232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0517358	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FALLACARA, FRANCIS L
15965 CANDLE DRIVE
FORT MYERS, FL 33908

**DO NOT WRITE
IN THIS SPACE**

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)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FALLACARA, FRANCIS L
STREET ADDRESS	15965 CANDLE DRIVE
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	ST
NAME	FALLACARA, BARBARA L.
STREET ADDRESS	15965 CANDLE DR
CITY-ST-ZIP	FT. MYERS, FL
TITLE	P
NAME	FALLACARA, FRANCIS L
STREET ADDRESS	15965 CANDLE DRIVE
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/10/07-80068-017 150.00

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: Francis L Fallacara President 4-24-07 239-491-3330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #