2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 04, 2005 08:00 AM DOCUMENT # P95000031596 **Secretary of State** 1. Entity Name AMERICAN LOCK & KEY INC. Principal Place of Business Mailing Address P.O. BOX 14304 CLEARWATER FL 33761 3261 BUCKEYE COURT CLEARWATER FL 33761 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) 1st MOORE Applied For City & State City & State 4. FEI Number 59-3310138 Not Applicable Country Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CROCKER, JENNIFER I Street Address (P.O. Box Number is Not Acceptable) 3261 BUCKEYE COURT CLEARWATER FL 33761 City 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 ĎATE Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Delete TITLE Change Addition THUE NAME CROCKER, JAMES R NAME STREET ADDRESS 3261 BUCKEYE COURT STREET ADDRESS 000000215278 CITY-ST-ZIP CITY ST-ZIP CLEARWATER FL 33761 02/05/05-00002-016, 150 Change TITLE Delete THEF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Addition ☐ Change STILE Delete TITE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP Change Addition Delete TITLE HILE NALE STREET ADDRESS STREET ADDRESS CHY-SI-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 path; that I am an officer or director 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 path; that I am an officer or director

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