

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90052 005 ***150.00

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1. Entity Name
LOCK TECH SUPPLY CO INC.



Principal Place of Business
**232 RIVER BEACH DR
ORMOND BEACH, FL 32176
732 Ballough Rd
DayTona Bch FL 32114**

Mailing Address
**232 RIVER BEACH DR
ORMOND BEACH, FL 32176
732 Ballough Rd
DayTona Bch FL 32114**

40068172



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

01092008 Chg-P CR2E034 (12/06)

4. FEI Number
59-3323249

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SALCEDO, JOSEPH
232 RIVER BEACH DR 732 Ballough Rd
ORMOND BEACH, FL 32176 DayTona Bch FL 32114**

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: _____ (Signature of person who signed and filed this document) (If not, then sign of Secretary of State) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	☐ Delete		TITLE	☐ Change	☐ Addition	
NAME	SALCEDO, JOSEPH			NAME			
STREET ADDRESS	1420 N. ATLANTIC AVE.			STREET ADDRESS			
CITY, ST, ZIP	DAYTONA BEACH, FL 32118			CITY, ST, ZIP			
TITLE		☐ Delete		TITLE	☐ Change	☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY, ST, ZIP				CITY, ST, ZIP			
TITLE		☐ Delete		TITLE	☐ Change	☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY, ST, ZIP				CITY, ST, ZIP			
TITLE		☐ Delete		TITLE	☐ Change	☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY, ST, ZIP				CITY, ST, ZIP			
TITLE		☐ Delete		TITLE	☐ Change	☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY, ST, ZIP				CITY, ST, ZIP			

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 another like empowered.

SIGNATURE: Joseph Salcedo Pres. 4/10/08
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR