2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000068345

F. MCDOUGALL LOCKSMITH, INC.



FILED Apr 16, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

1904 ROLLING GREEN CIRCLE SARASOTA, FL 34240 US

1904 ROLLING GREEN CIRCLE SARASOTA, FL 34240



04072007 DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 4. FEI Number Applied For 65-0605684 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCDQUGALL, FRED H III 1904 ROLLING GREEN CIRCLE SARASOTA, FL 34240

DO NOT WRITE IN THIS SPACE

No Chg-P

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. If am familiar with, and accept the obligations of registered agent.						
SIGNATURE.				gnature required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00				\$5.00 May Be Added to Fees	000000706278 04/24/07-80027-011	150.00
10.	OFFICERS AND DIREC					
NAME STREET ADDRESS CITY-ST-ZIP	D MCDOUGALL, FRED H III 1904 ROLLING GREEN CIRCLE SARASOTA, FL 34240					
NAME STREET ADDRESS CITY-ST-ZIP	D MCDOUGALL, RHONDA M 1904 ROLLING GREEN CIRCLE SARASOTA, FL 34240					
NAME STREET AODRESS CITY-ST-ZIP			·	DO	NOT WRITE	i
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP						
TITLE						

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.

STREET ADDRESS CITY-ST-ZIP

OFFICER OR DIRECTOR