

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90030 022 ***150.00

DOCUMENT # P95000073560

1. Entity Name

OSCEOLA LOCK & KEY, INC.



Principal Place of Business

22 W MONUMENT AVE
STE 18
KISSIMMEE FL 34741
US

Mailing Address

2325 ROCHELLE AVENUE
KISSIMMEE FL 34746
US



2. Principal Place of Business

2325 ROCHELLE AVE

3. Mailing Address

2325 ROCHELLE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

S.A.A

City & State

KISSIMMEE

City & State

FL

Zip

34746

Country

OSCEOLA

Zip

Country

4. FEI Number

59-3335852

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

GEORGE J COSTA, SR
2325 ROCHELLE AVE
KISSIMMEE FL 34746

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/25/06

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME COSTA, GEORGE J SR.
STREET ADDRESS 2325 ROCHELLE AVENUE
CITY-ST-ZIP KISSIMMEE FL 34746

TITLE STD ☐ Delete
NAME COSTA, DOROTHY R
STREET ADDRESS 2325 ROCHELLE AVENUE
CITY-ST-ZIP KISSIMMEE FL 34746

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

GEORGE J COSTA SR PRES

2/25/06 207-931 4357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #