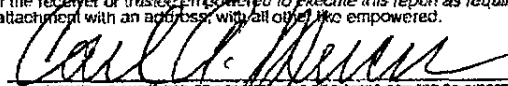


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000082541 1. Entity Name PROPLOCK INTERNATIONAL, INC.			
Principal Place of Business 14229 SW 127TH ST MIAMI, FL 33186		Mailing Address 2699 SE HAMDEN RD PORT SAINT LUCIE, FL 34952 US	
		01152005 No Chg-P CR2E034 (10/03)	
4. FEI Number 65-0817739		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MERCER, CARL A 2699 SE HAMDEN RD PORT SAINT LUCIE, FL 34952			
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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	D	1100000210755 02/02/05-80093-006 150.00	
NAME	MERCER, CARL A		
STREET ADDRESS	2699 SE HAMDEN RD		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952		
TITLE	D		
NAME	MERCER, ANNA D		
STREET ADDRESS	2699 SE HAMDEN RD		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 officers empowered.			
SIGNATURE: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date _____		Daytime Phone # _____	