


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 05, 2007 08:00 AM
Secretary of State

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| DOCUMENT # P95000082541 1. Entity Name PROPLOCK INTERNATIONAL, INC. |  |
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| Principal Place of Business 14229 SW 127TH ST MIAMI, FL 33186 | Mailing Address 2699 SE HAMDEN RD PORT SAINT LUCIE, FL 34952 US |
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0617739 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$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

**DO NOT WRITE
IN THIS SPACE**

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 reappointing) DATE _____

| | | |
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| FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MERCER, CARL A 2699 SE HAMDEN RD PORT SAINT LUCIE, FL 34952 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MERCER, ANNA D 2699 SE HAMDEN RD PORT SAINT LUCIE, FL 34952 |
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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.

SIGNATURE: Carl A. Mercer 1-3-07 772 3354716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #