2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 09, 2005 08:00 AM Secretary of State

DOCUMENT # P96000036782 1. Entity Name CHANEY'S LOCKSMITH SERVICE CORP.			
CHARLES LOCKSWITH SERVICE CORF.			
Principal Place of Business 10060 COUNTRY BROOK RD BOCA RATON, FL 33428	Mailing Address 10060 COUNTRY BROOK RD BOCA RATON, FL 33428		
DO NOT WRITE IN THIS SPACE		01272005 No Chg-P CR2E034 (10/03) 4. FEI Number	
6. Name and Address of Current Registered Agent			the state of the s
CHANEY, CHARLES_ 10060 COUNTRY BROOK RD BOCA RATON, FL 33428			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 reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.		.00 May Be ed to Fees
10. OFFICERS AND DIE	RECTORS		
NAME CHANEY, CHARLES STREET ADDRESS 10060 COUÑTRY BROOK RD CITY-ST-ZIP BOCA RATON, FL 33428	: <u>-</u>		000000221523 02/09/05-80038-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE	·		
NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE
TITLE NAME	_ 57'		
STREET ADDRESS CITY-ST-ZIP			
TITLE NAME		1	
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)(i), 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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dayline Phone #			