

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90099 032 ***150.00

DOCUMENT # P96000063178

1. Entity Name
TALLAHASSEE LOCK & KEY, INC.



Principal Place of Business
**2892 E PARK AVE UNIT 4
TALLAHASSEE, FL 32301 US**

Mailing Address
**P.O. BOX 13693
TALLAHASSEE, FL 32317 US**



04182006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

2790 Spring Forest Road
Suite, Apt. #, etc.
Tallahassee FL
City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number
59-3400176

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip
32301

Country
US

Zip
Country

6. Name and Address of Current Registered Agent

**PURVINES, TODD H
2790 SPRING FOREST ROAD
TALLAHASSEE, FL 32301**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
PURVINES, TODD H
2790 SPRING FOREST ROAD
TALLAHASSEE, FL 32301** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
PURVINES, TODD H
2790 SPRING FOREST RD
TALLAHASSEE, FL 32301** ☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
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CITY - ST - ZIP
☐ Change ☐ Addition

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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:

Todd H. Purvines **Todd H. Purvines** **4-18-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-893-0685