

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000099792 1. Entity Name ACTION SAFE AND LOCK INC.	
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Principal Place of Business 3787 AURORA RD MELBOURNE, FL 32934-8149	Mailing Address 3787 AURORA RD MELBOURNE, FL 32934-8149
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DO NOT WRITE IN THIS SPACE



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3418828	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent EASTER, BARBARA E 3787 AURORA RD MELBOURNE, FL 32934	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000091208 03/17/04-80050-020 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	STD EASTER, BARBARA 3787 AURORA RD. MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY ST ZIP	P/D EASTER, JAMES 3787 AURORA RD. MELBOURNE, FL 32934
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IN THIS SPACE**

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

SIGNATURE: James R. Easter JAMES R. EASTER 3/12/04 (320) 752-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #