

Jul 15, 2005 08:00 AM
Secretary of State**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****DOCUMENT # P96000099792**1. Entity Name
ACTION SAFE AND LOCK INC.Principal Place of Business
**3787 AURORA RD
MELBOURNE, FL 32934-8149**Mailing Address
**3787 AURORA RD
MELBOURNE, FL 32934-8149****DO NOT WRITE IN THIS SPACE**

07082005 No Chg-P CR2F034 (10/03)

4. FEI Number
59-3418828Applied For
Not Applicable5. 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**

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 fee if applicable.

(NOTE: Registered Agent Signature required when applicable)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**9. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be
Added to Fees**In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.**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
**PLO
EASTER, JAMES
3787 AURORA RD.
MELBOURNE, FL 32934**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPU00000372888
07/15/05-80001-008 150.00**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 18.07(3)(h), 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:

Barbara E Easter
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR7/12/05
DATE

Corporate Filing Fee