## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State DOCUMENT # P96000103286 05-05-2004 90251 033 \*\*\*150.00 1. Entity Name IR LOCK AND DOOR, INC. Principal Place of Business Mailing Address 384 OLD DIXIE HIGHWAY 384 OLD DIXIE HIGHWAY 44044518 VERO BEACH, FL 32962 VERO BEACH, FL 32962 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04292004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0717976 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HIEBERT, GERALD R **4890 61ST CIRCLE** Street Address (P.O. Box Number is Not Acceptable) VERO BEACH, FL 32967 City Zip Code FL 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 ritle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Change ☐ Delete ☐ Addition NAME HIEBERT, GERALD R NAME **4890 61ST CIRCLE** STREET ADDRESS STREET ADDRESS CITY ST-ZIP VERO BEACH, FL 32967 CITY-ST-ZIP VP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME Michelle L. HEBERT 4880 CIT Circle STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Veno Bettel ☐ Delete THLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITEE ☐ Delete BILLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY+ST-ZIP 12. I hereby certify that the information supplied with this filling 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 charged, or on an attachment with an address, with all other like empowered. 04/22/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: \_\_\_ Daytime Prone #

FILED May 05, 2004 8:00 am

Cando R. Helient