## 2008 FOR PROFIT CORPORATION

## **FILED** 00 AN ate

ANNUAL REPORT				May 01, 2008 08: Secretary of St			
	IMENT # P9800000860		Secretary of St				
1. Entity Name TAMPA BAY LOCK & KEY, INC.							
4332 N. NEBRASKA AVENUE 813		Mailing Address 813 E. CHELSEA STREET TAMPA, FL 33603					
DO NOT WRITE IN THIS SPA			CE	04132008 No Chg-P CR2E034 (11/05)			
				59-3491		<del></del>	Not Applicable
6. Name and Address of Current Registered Agent  ROSE, SIDNEY E PRES  813 E. CHELSEA STREET  TAMPA, FL 33603			DO NOT WRITE IN THIS SPACE				
8. The above the obliga	e named entity submits this statement for the titions of registered agent.  Signature, typed or printed name of registered agent and bit		ed office or register		in the State of Florid	la. I am familiar wit	n, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00				00 May Be ed to Fees		- LUA -	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSE, SIDNEY E PRES 813 E. CHELSEA STREET TAMPA, FL 33603	CTORS			U00000 05,/28,/08-	940744 80079-008 	150.00
NAME , STREET ADDRESS CITY-ST-ZIP	the action of the property of the control of the co		e de l'égliphia na La principie de La principie de La principie de la principie		A CAMP OF THE STATE OF THE STAT	TOUR TO COMPANY OF AN AND AN AND AN AND AN AND AN AND AN AND AND	
TITLE NAME STREET ADDRESS CITY - STZIP			DO N	NOT WF	RITE		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			IN THIS SPACE				
TITLE NAME STREET ADDRESS							

12. Thereby certify that the information supplied with this filling 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 attrachment with an address, with all other like empowered.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> E Ros SIDNEY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

813-294-1950