2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000006888

1. Entity Name
C & D LOCK & SAFE, INC.

Principal Place of Business	Mailing Address
8462 NW 3 ST. CORAL SPRINGS, FL 33071 US	8462 NW 3 ST. CORAL SPRINGS, FL 33071 US

DO NOT WRITE IN THIS SPACE

04062005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0889683	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SADER, ROBERT L
1901 WEST CYPRESS CREEK ROAD, SUITE 415
FORT LAUDERDALE, FL 33309

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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 _____

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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

U00000328429
04/25/05-80077-005 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	DREW, DAVID
STREET ADDRESS	8462 NW 3RD ST
CITY-ST-ZIP	CORAL SPRING, FL 33071
TITLE	VP
NAME	DREW, ANN K
STREET ADDRESS	8462 N.W. 3RD ST
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE: _ANN K. DREW_   4/22/05   954-344-6383

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #