


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90009 008 ***550.00

DOCUMENT # S18420 1. Entity Name A LOCK & SECURITY INC.					
Principal Place of Business 5050-6 SUNBEAM RD JACKSONVILLE, FL 32257 US			Mailing Address 5050-6 SUNBEAM RD JACKSONVILLE, FL 32257 US		
2. Principal Place of Business 8505 Baycenter Rd. Suite, Apt. #, etc.		3. Mailing Address 8505 Baycenter Rd. Suite, Apt. #, etc.			
City & State Jacksonville, FL Zip 32256		City & State Jacksonville, FL Zip 32256		4. FEI Number 58-1922225	
Country Duval		Country Duval		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUCKNER, DARIN 2949 CHRISTOPHER CREEK RD. N. JACKSONVILLE, FL 32217				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>Darin Buckner</i></u> Darin Buckner-President 6-30-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BUCKNER, DARIN 2949 CHRISTOPHER CREEK RD. N. JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BUCKNER, CHRISTINA 2949 CHRISTOPHER CREEK RD. N. JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALTHER, CHARLES 8104 FRESCA ST JACKSONVILLE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FERGUSON, DEL PO BOX 1260 POOLER, GA 31322	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ARNOLD, ROBBY 2536 CENTRAL PARK APT. 1434 BEDFORD, TX 76022	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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: <u><i>Christina Buckner</i></u> CHRISTINA BUCKNER 7-14-04 (904) 262-4323 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		