

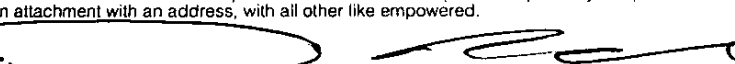


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90188 005 ***150.00

DOCUMENT # S18420 1. Entity Name A LOCK & SECURITY INC.					
Principal Place of Business 8505 BAYCENTER RD JACKSONVILLE, FL 32256 US			Mailing Address 8505 BAYCENTER RD JACKSONVILLE, FL 32256 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 58-1922225	
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 BUCKNER, DARIN Street Address (P.O. Box Number is Not Acceptable) 6332 AUTUMN BERRY CIR City JACKSONVILLE FL 32258		
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 				DATE 04/10/07	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 WALTHER, CHARLES 8104 FRESCA ST JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BUCKNER, DARIN 2949 CHRISTOPHER CREEK RD N JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BUCKNER, CHRISTINA 2949 CHRISTOPHER CREEK RD N JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ARNOLD, ROB 1137 SOUTHWEST-123RD AVE PEMBROKE PINES, FL 33025	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ARNOLD, ROB 545 JEFFERSON DR #108 DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ARNOLD, ROB 545 JEFFERSON DR #108 DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ARNOLD, ROB 545 JEFFERSON DR #108 DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ARNOLD, ROB 545 JEFFERSON DR #108 DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing 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 attachment with an address, with all other like empowered.					
SIGNATURE: 				DATE 4/10/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # (904) 262-4659	



01152007 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

☐ \$8.75 Additional Fee Required

04/10/07

FL 32258

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

DATE **4/10/07** Daytime Phone # **(904) 262-4659**