2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 30, 2008 08:00 AM Secretary of State DOCUMENT # S29647 1. Entity Name HENRY'S LOCK & KEY SERVICE, INC. Principal Place of Business Mailing Address PO BOX 82135 PO BOX 82135 TAMPA FL 33682-2135 TAMPA FL 33682-2135 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-3047840 Not Applicable Country Zip Country Z:p \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRECO, FRANK J Street Address (P.O. Box Number is Not Acceptable) 4047 HENDERSON BLVD. **TAMPA FL 33629** City Zip Code 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 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of reginered agent and the Tuppicable DATE ffvOTE. Registered Agent's ringture required when reinstation FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Change ☐ Addition TITLE Delete NAME TORRENS, FRANCIS H. NAME STREET ADDRESS 602 N GILCHRIST AVE. STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-7IP Addition DPT Defete 3∏‡ F ПΠЕ NAME TORRENS, EDWARD P. NAME STREET ADDRESS 602 N GILCHRIST AVE. STREET ADDRESS CITY-ST-7/2 TAMPA FL CITY-S1-ZIP Change Addition TITLE Derete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition THLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Deiete TITLE NAME MAIME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Deiete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 efficer 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.

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

SIGNATURE: Bourn Ployers Edward P. Torrens
SIGNATURE and Typed OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/2008

813-253-2810

FILED