


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # S51818		
1. Entity Name M & S WHEELER LOCK AND SAFE, INC.		

Principal Place of Business 121-C NORTH FLORIDA AVENUE HIGHWAY 41-NORTH INVERNESS FL 32650	Mailing Address 121-C NORTH FLORIDA AVENUE HIGHWAY 41-NORTH INVERNESS FL 32650
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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EDDE, MICHAEL 10311 SW 83 TERR OCALA FL 34481	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State (FL) 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. 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
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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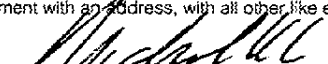
10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE	D	<input type="checkbox"/> Delete
NAME	EDDE, JOANNE	
STREET ADDRESS	10311 SW 83 TERR	
CITY - ST - ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDDE, MICHAEL	
STREET ADDRESS	10311 SW 83 TERR	
CITY - ST - ZIP	OCALA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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NAME		
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CITY - ST - ZIP		

000000018997
01/29/04-80010-006 150.00

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:		PRES. MICHAEL Edde	012304	(352) 726-9567
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