

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # S52904**

1. Entity Name  
**AMERICAN LOCK & SAFE INC.**



Principal Place of Business  
**7492 BAYWOODS LANE  
PENSACOLA, FL 32504 US**

Mailing Address  
**7492 BAYWOODS LANE  
PENSACOLA, FL 32504 US**



01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3066320**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**TATE, DAWN W.  
7492 BAYWOOD LN.  
PENSACOLA, FL 32504**

**DO NOT WRITE  
IN THIS SPACE**

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 re-registering)

DATE

**FILE NOW!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>WALTERS, RONALD J.<br>LAKE JUNIPER<br>DEFUNIAK SPRINGS, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>TATE, THOMAS W.<br>7492 BAYWOOD LN.<br>PENSACOLA, FL       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TS<br>TATE, DAWN W.<br>7492 BAYWOOD LN.<br>PENSACOLA, FL        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

PAID 1/10/06  
0071746-870024-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Dawn W. Tate*, Dawn W. Tate

1/5/2006

850-476-4211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #