

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S74492

FILED
Apr 08, 2009
Secretary of State

Entity Name: A NIGHT OWL LOCKSMITH, INC.

Current Principal Place of Business:

1002 S COLLINS ST
PLANT CITY, FL 33563 US

New Principal Place of Business:

Current Mailing Address:

1002 S. COLLINS ST
PLANT CITY, FL 33563 US

New Mailing Address:

FEI Number: 65-0284943 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WYMAN, STEVEN S.
1002 S COLLINS ST
PLANT CITY, FL 33563 US

Name and Address of New Registered Agent:

WYMAN, STEVEN S.
2612 SOUTHERN OAKS PLACE
PLANT CITY, FL 33566 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

04/08/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WYMAN, STEVEN S.
Address: 2612 SOUTHERN OAK PLACE
City-St-Zip: PLANT CITY, FL 33566

Title: D () Delete
Name: WYMAN, CINDY A.
Address: 2612 SOUTHERN OAKS PLACE
City-St-Zip: PLANT CITY, FL 33566

Title: T () Delete
Name: WYMAN, MICHAEL S.
Address: 2612 SOUTHERN OAKS PLACE
City-St-Zip: PLANT CITY, FL 33566

Title: S () Delete
Name: WYMAN, ERIKA L.
Address: 2612 SOUTHERN OAKS PL.
City-St-Zip: PLANT CITY, FL 33566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: WYMAN, STEVEN S.
Address: 2612 SOUTHERN OAK PLACE
City-St-Zip: PLANT CITY, FL 33566

Title: P (X) Change () Addition
Name: WYMAN, CINDY A.
Address: 2612 SOUTHERN OAKS PLACE
City-St-Zip: PLANT CITY, FL 33566

Title: T (X) Change () Addition
Name: WYMAN, MICHAEL S.
Address: 1906 MAY STREET
City-St-Zip: BRANDON, FL 33510

Title: S (X) Change () Addition
Name: SMITH, ERIKA L.
Address: 4306 KIPLING AVE.
City-St-Zip: PLANT CITY, FL 33566

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CINDY WYMAN

Electronic Signature of Signing Officer or Director

P

04/08/2009

Date