

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # S93025

1. Entity Name
KEY KAPER LOCKSMITHS, INC.



Principal Place of Business
**2 LAVISTA AVENUE
ORMOND BEACH, FL 32174**

Mailing Address
**2 LAVISTA AVENUE
ORMOND BEACH, FL 32174**



04142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3092589

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FLIS, VIRGINIA
2 AVE LA VISTA
ORMOND BCH, FL 32174-3406**

**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 *Virginia Flis*
Signature, typed or printed name of registered agent and title if applicable.

(Do not wish to change - Sorry)
(NOTE: Registered Agent signature required when reinstating)

4-10-07
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**000000707017
04/24/07-80058-002 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FLIS, STANLEY M. 2 AVE LA VISTA ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST FLIS, VIRGINIA 2 AVE LA VISTA ORMOND BCH, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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:

Virginia Flis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-07

Date

Daytime Phone #