# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 10, 2007 8:00 am**
**Secretary of State**
01-10-2007 90043 014 ***150.00

400007130

01042007 Chg-P CR2E034 (12/06)

DOCUMENT # V00654

1. Entity Name
A-1 LOCKSMITH SERVICE OF THE PALM BEACHES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4545 FOREST HILL BLVD<br>SUITE 6<br>WEST PALM BEACH, FL 33415 | 4545 FOREST HILL BLVD<br>SUITE 6<br>WEST PALM BEACH, FL 33415 |

| 2. Principal Place of Business No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 65-0302045 — Applied For / Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| SCHNEIDER, VAN R.<br>4675 KELLY DR<br>WEST PALM BEACH, FL 33415 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City 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 of Officer or Director of Registered Agent Entity (if applicable) — Registered Agent Signature required if not on file — 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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | D<br>SCHNEIDER, VAN R.<br>4675 KELLY DR<br>WEST PALM BEACH, FL 33415 ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | VP<br>ADRIANE SCHNEIDER<br>4675 KELLY DR<br>WEST PALM BEACH FL 33415<br>☐ Change ☒ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | ☐ Change ☐ Addition |
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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:** Van R. Schneider — 1/8/07 — 561-964-6114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone