

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00107

**FILED**  
**Jan 25, 2016**  
**Secretary of State**  
**CC7457107644**

**Entity Name:** STATE OF FLORIDA BOARD OF LOCKSMITHS, INC.

**Current Principal Place of Business:**

54 W. GRANADA BLVD.  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

P O BOX 518  
ORMOND BEACH, FL 32175-0518 US

**FEI Number:** 59-2518990

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PARTINGTON II, WILLIAM E  
54 W. GRANADA BLVD.  
ORMOND BEACH, FL 32174 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:** WILLIAM E PARTINGTON II

01/25/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title TD  
Name RILEY, JAMES A  
Address 500 AVENUE "L" N. W.  
#407  
City-State-Zip: WINTER HAVEN FL 33881

Title D  
Name BOYER, RANDALL L  
Address 3014 S WOODLAND BLVD  
SUITE "B"  
City-State-Zip: DELAND FL 32720

Title PD  
Name ADAMS, MICHAEL  
Address 1901 HWY 17-92  
LOT 121  
City-State-Zip: LAKE ALFRED FL 33850

Title SD  
Name PARTINGTON II, WILLIAM E  
Address 54 W. GRANADA BLVD.  
City-State-Zip: ORMOND BEACH FL 32174

Title VD  
Name BOYER, JANET  
Address 3014 S WOODLAND BLVD  
SUITE "B"  
City-State-Zip: DELAND FL 32720

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM E PARTINGTON II

SEC

01/25/2016

Electronic Signature of Signing Officer/Director Detail

Date