


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000007495  
 1. Entity Name  
 A-1 ACTION SAFE & LOCK, INC.



Principal Place of Business      Mailing Address  
 3787 AURORA ROAD                      3787 AURORA ROAD  
 MELBOURNE, FL 32934                      MELBOURNE, FL 32934

**DO NOT WRITE IN THIS SPACE**



02082005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 59-3429931      Not Applicable

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

6. Name and Address of Current Registered Agent  
 EASTER, JAMES R  
 3787 AURORA ROAD  
 MELBOURNE, FL 32934

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

100000264019  
 03/15/05-80009-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	EASTER, BARBARA
STREET ADDRESS	3787 AURORA RD
CITY - ST - ZIP	MELBOURNE, FL 32934
TITLE	PD
NAME	EASTER, JAMES
STREET ADDRESS	3787 AURORA RD
CITY - ST - ZIP	MELBOURNE, FL 32934
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: James R. Easter      JAMES R. EASTER      3/11/05      321-242-0020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #