

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Aug 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 542837



1. Entity Name

LOCKHART FOODS, INC.

Principal Place of Business

1280 66TH ST N
ST PETERSBURG FL 33710

Mailing Address

1280 66TH ST N
ST PETERSBURG FL 33710

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1759823

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

2nd MOORE

CR2E034 (5/05)



6. Name and Address of Current Registered Agent

LOCKHART, ANDREW
4997 97TH WAY NORTH
SAINT PETERSBURG FL 33708

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
DUE BY September 7, 2005

Make Check Payable to Florida Department of State

S.607, 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LOCKHART, DAVID A	
STREET ADDRESS	7604 W HANNA	
CITY - ST - ZIP	TAMPA, FL 00000	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LOCKHART, IRENE E	
STREET ADDRESS	4997 97TH WAY N	
CITY - ST - ZIP	ST PETERSBURG FL 33708	
TITLE	DV	<input type="checkbox"/> Delete
NAME	LOCKHART, ANDREW	
STREET ADDRESS	4997 97TH WAY N	
CITY - ST - ZIP	ST PETERSBURG FL 33708	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	LOCKHART, CURT T	
STREET ADDRESS	7604 W HANNA	
CITY - ST - ZIP	TAMPA, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000376880
08/18/05-80005-013 550.00

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-11-05 737-344-3437
Date Daytime Phone #