


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2006 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	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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				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 _____ (NOTE: Registered Agent signature required when reappointing)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	P	LOCKHART, DAVID A		<input type="checkbox"/> Delete	
NAME		7604 W HANNA			
STREET ADDRESS		TAMPA, FL 00000			
CITY-ST-ZIP					
TITLE	ST	LOCKHART, IRENE E		<input type="checkbox"/> Delete	
NAME		4997 97TH WAY N			
STREET ADDRESS		ST PETERSBURG FL 33708			
CITY-ST-ZIP					
TITLE	DV	LOCKHART, ANDREW		<input type="checkbox"/> Delete	
NAME		4997 97TH WAY N			
STREET ADDRESS		ST PETERSBURG FL 33708			
CITY-ST-ZIP					
TITLE	DVP	LOCKHART, CURT T		<input type="checkbox"/> Delete	
NAME		7604 W HANNA			
STREET ADDRESS		TAMPA, FL 00000			
CITY-ST-ZIP					
TITLE				<input type="checkbox"/> Delete	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				<input type="checkbox"/> Delete	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				<input type="checkbox"/> Delete	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					



1st MOORE CR2E034 (10/05)

4. FEI Number **59-1759823**

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	LOCKHART, DAVID A	<input type="checkbox"/> Delete
NAME		7604 W HANNA	
STREET ADDRESS		TAMPA, FL 00000	
CITY-ST-ZIP			
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CITY-ST-ZIP			
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		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		03/06/06-80027-020	150.00	
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS				
CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR