

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90050 037 ***150.00

DOCUMENT # H95225

1. Entity Name

THE GEORGE W. LACKEY CO.



Principal Place of Business

5680-A W CYPRESS STREET
TAMPA FL 33607
US

Mailing Address

5680-A W CYPRESS STREET
TAMPA FL 33607
US

2. Principal Place of Business

3438 COLWELL AVE

Suite, Apt. #, etc.

3. Mailing Address

3438 COLWELL AVE.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Tampa, FL

Zip

33614

Country

USA

City & State

Tampa, FL

Zip

33614

Country

USA

4. FEI Number

59-2629217

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LACKEY, GEORGE W.
5680-A W CYPRESS STREET
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name

GEORGE W. LACKEY

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

3438 COLWELL AVE

City

Tampa

FL

Zip Code

33614

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.

GEORGE W. LACKEY

(NOTE: Registered Agent signature required when reinstating)

2/14/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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	PTS	<input type="checkbox"/> Delete
NAME	LACKEY, GEORGE W.	
STREET ADDRESS	5680-A W CYPRESS STREET	
CITY-ST-ZIP	TAMPA FL 33607	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3438 COLWELL AVE	
CITY-ST-ZIP	TAMPA, FL. 33614	
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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE W. LACKEY

Date

2/14/04

Daytime Phone #

813-865-1190