2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # J05128				Secretary of State
AL LOCK	REM CONSTRUCTION CO.			
Principal Place of Business		Mailing Address		
% MARY LOCKREM 1875 CONCERT ROAD DELTONA FL 32738		% MARY LOCKREM 1876 CONCERT ROAD DELTONA FL 32738		
2. Principal Place of Business		3. Mailing Address		(((((((((((((((((((
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)
City & State		City & State		4. FEI Number 59-2646814 Applied Fo
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
LOCKREM, MARY 1876 CONCERT ROAD DELTONA FL 32738			Name Street Address (P.O. Box Number is Not Acceptable)
			City	Zip Code
After Make Chec	Signature, typed of printed harms of registered appendix ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.00 k Payable to Florida Department o	en a service -	Regiolated Agent signatura requisad	S. Election Campaign Financing \$5.00 May Trust Fund Contribution. Added to Fee
10.	OFFICERS AND		11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ACCRESS CHY-ST-ZIP TITLE	P LOCKREM, ALAN O 1876 CONCERT ROAD DELTONA FL	☐ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ A.·· £180888473229 83/31/86-8888-813 150.00
NAME STREET ADDRESS CITY-ST-ZIP	LOCKREM, MARY E. 1876 CONCERT ROAD DELTONA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ A···
THEE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME SIREEL ADDRESS CHY-ST-ZIP	☐ Change ☐ A-F.
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	IDLE NAME STREET ADDRESS CUTY-ST-ZIP	☐ Change ☐ Aúc
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Dolete	TITLE NAME STREET ADDRESS CHY-ST-ZIP	☐ Change ☐ ÷·.
TITLE NAME STRECT ADDRESS CITY-ST-ZIP		□ Defete	TITLE MAME STREET ADDRESS GITY-ST-ZIP	☐ Change ☐ Add

12. I hereby certify that the information supplied with this liting 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 direction 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 if changed, or on an attackment with an address, with all other like empowered.

SIGNATURE: Mary E. Lockrem 3/17/2006 386-789-3923

FILED

Mar 20, 2006 08:00 AM