## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Feb 22, 2007 08:00 AM DOCUMENT # J05128 **Secretary of State** AL LOCKREM CONSTRUCTION CO. Principal Place of Business Mailing Address % MARY LOCKREM 1876 CONCERT ROAD DELTONA FL 32738 % MARY LOCKREM 1876 CONCERT ROAD DELTONA FL 32738 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Numbor 59-2646814 Not Applicable $Z_{ip}$ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOCKREM, MARY Street Address (P.O. Box Number is Not Acceptable) 1876 CONCERT ROAD **DELTONA FL 32738** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registored office or registored 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. IIIIf □ Change ■ Addition ☐ Delete BULL LOCKREM, ALAN Q NAME NAMI U00000643669 1876 CONCERT ROAD STREET ADDRESS STREET LADDRESS 03/02/07-30011-014 150.00 DELTONA FL CITY-ST-ZIP CHY+SI-ZIP IIILE □ Change ■ Addition ☐ Delete TITLE LOCKREM, MARY E. NAME NAMI 1876 CONCERT ROAD STREET ADDRESS STREET ADDRESS **DELTONA FL** CITY - ST - ZIP CITY-ST-ZIP TITLE Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Delete BILL Change Addition NAMI NAME STREET ADDRESS STREET LADDORESS CHY-SI-7IP CHY-S1-709 Delete ☐ Change ■ Addition NAME NAME STRUET ADDRESS STREET EADDDESS CITY - ST - ZIP CHY-SI-7IP THE IIDE ☐ Delete Change Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

horoby 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 eath; that I am an efficie 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

MARY E. LOCKREM

with an address, with all other like empowered.

of the corporation or the if changed, or on an al

SIGNATURE: