


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90022 035 \*\*\*150.00

<b>DOCUMENT # J76241</b> 1. Entity Name <b>LOCKE FARMS, INC.</b>					
Principal Place of Business <b>7474 HIGHWAY 85 NORTH LAUREL HILL FL 32567 US</b>		Mailing Address <b>7474 HIGHWAY 85 NORTH LAUREL HILL FL 32567 US</b>			
2. Principal Place of Business - No P.O. Box # <b>3629 Central Circle</b>		3. Mailing Address <b>3629 Central Circle</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Laurel Hill FL</b>		City & State <b>Laurel Hill FL</b>		4. FEI Number <b>59-2288313</b> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Zip <b>32567</b> Country <b>OKalosa</b>		Zip <b>32567</b> Country <b>OKalosa</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>LOCKE, CHARLIE S 7474 HIGHWAY 85 NORTH LAUREL HILL FL 32567</b>				7. Name and Address of New Registered Agent Name <b>Eddie Locke</b> Street Address (P.O. Box Number is Not Acceptable) <b>3629 Central Circle</b> City <b>Laurel Hill</b> <b>FL</b> Zip <b>32567</b>	
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 <u><i>Eddie Locke</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <b>\$5.00</b> May Be Added to Fees Trust Fund Contribution: <input type="checkbox"/>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>LOCKE, CHARLIE S</b> <b>7474 HIGHWAY 85 NORTH</b> <b>LAUREL HILL FL 32567</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>LOCKE, EDDIE</b> <b>7474 HIGHWAY 85 NORTH</b> <b>LAUREL HILL FL 32567</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Eddie Locke</b> <b>3629 Central Circle</b> <b>Laurel Hill FL 32567</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Eddie Locke</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			888-307-8781 3-26-08 888-307-8781 <small>Daytime Phone #</small>		