

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000102149

1. Entity Name
LOKYLE, INC.



FILED
May 07, 2004 08:00 AM
Secretary of State

Principal Place of Business
7301A W PALMETTO PARK ROAD
301B
BOCA RATON, FL 33433

Mailing Address
7301A W PALMETTO PARK ROAD
301B
BOCA RATON, FL 33433



04232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1046491

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CONNOR, ELIZABETH D
3041 NE 45 ST.
FT. LAUDERDALE, FL 33308

**DO NOT WRITE
IN THIS SPACE**

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 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DPS
CONNOR, THOMAS A
3041 NE 45 ST.
FT. LAUDERDALE, FL 33308

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DVT
CONNOR, ELIZABETH A
3041 NE 45 ST.
FT. LAUDERDALE, FL 33308

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U000000158043
05/07/04-80005-020 150.00

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IN THIS SPACE**

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

Date

Daytime Phone #

* 5/1/04

* 954 776 9964