

# **2004 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P01000065518

Entity Name: VICTOR LOCKE, INC.

**FILED**  
**Oct 20, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

12342 CLEAR LAGOON TRAIL  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

1005 COLORADO AVENUE  
LYNN HAVEN, FL 32444

**Current Mailing Address:**

12342 CLEAR LAGOON TRAIL  
JACKSONVILLE, FL 32246

**New Mailing Address:**

1005 COLORADO AVENUE  
LYNN HAVEN, FL 32444

FEI Number: 59-3726068

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOCKE, VICTOR  
12342 CLEAR LAGOON TRAIL  
JACKSONVILLE, FL 32246 US

**Name and Address of New Registered Agent:**

LOCKE, VICTOR  
1005 COLORADO AVENUE  
LYNN HAVEN, FL 32444 US

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.

SIGNATURE: VICTOR LOCKE

10/20/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LOCKE, VICTOR  
Address: 12342 CLEAR LAGOON TRAIL  
City-St-Zip: JACKSONVILLE, FL 32246

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: LOCKE, VICTOR  
Address: 1005 COLORADO AVENUE  
City-St-Zip: LYNN HAVEN, FL 32444

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTOR LOCKE

P

10/20/2004

Electronic Signature of Signing Officer or Director

Date