


# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P02000047690</b> 1. Entity Name <b>LOCKHART BUILDERS INC.</b>						<b>FILED</b> <b>04 DEC 13 AM 11:40</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>LOCKHART BUILDERS, INC.</b> <b>4639 BAY CEDAR LN</b> <b>SARASOTA, FL 34241</b>				Mailing Address <b>LOCKHART BUILDERS, INC.</b> <b>4639 BAY CEDAR LN</b> <b>SARASOTA, FL 34241</b>			
2. Principal Place of Business <b>4639 Bay Cedar Lane</b> Suite, Apt. #, etc.		3. Mailing Address <b>4639 Bay Cedar Lane</b> Suite, Apt. #, etc.					
City & State <b>Sarasota, Florida</b>		City & State <b>Sarasota, Florida</b>		4. FEI Number <b>33-1019814</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>34241-9251</b>		Country		Zip <b>34241-9251</b>		Country	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				11292004 Chg-P CR2E034 (10/03)			
6. Name and Address of Current Registered Agent <b>LOCKHART, WILLIAM J</b> <b>4639 BAY CEDAR LN</b> <b>SARASOTA, FL 34241</b>				7. Name and Address of New Registered Agent Name <b>William J. Lockhart</b> Street Address (P.O. Box Number is Not Acceptable) <b>4639 Bay Cedar Lane</b> City <b>Sarasota</b> <b>FL</b> <b>34241-9251</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				<b>November 30, 2004</b> DATE			
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LOCKHART, WILLIAM J <input type="checkbox"/> Delete 4639 BAY CEDAR LN SARASOTA, FL 34241			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition William J. Lockhart 4639 Bay Cedar Lane Sarasota, FL 34241-9251		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOCKHART, LORI A <input type="checkbox"/> Delete 4639 BAY CEDAR LN SARASOTA, FL 34241			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Eric L. Silcott 3915 Iroquois Drive Sarasota, FL 34234-5226		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Lori A. Lockhart 4639 Bay Cedar Lane Sarasota, FL 34241-9251		
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 <div style="text-align: center;"> <b>000043364318</b>  <b>12/13/04--01057--004</b> </div>		
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		
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 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.							
<b>SIGNATURE: X</b> <i>William J. Lockhart Pres.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>November 30, 2004</b> <small>Date</small>		<b>(941) 724-0545</b> <small>Daytime Phone #</small>	