

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jul 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000131143

1. Entity Name
27 LOCKWOOD, INC.



Principal Place of Business
4779 TIVOLI PL
SARASOTA, FL 34235-3649

Mailing Address
4779 TIVOLI PL
SARASOTA, FL 34235-3649



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
90-0068044

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MAROTTO, DANTE M
4779 TIVOLI PLACE
SARASOTA, FL 34235-3649

**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 reissuing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
PST
CZEISLER, LUDWIG
4779 TIVOLI PLACE
SARASOTA, FL 342353649

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
CZEISLER, CARMEN
4779 TIVOLI PLACE
SARASOTA, FL 342353649

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ALEJANDRO, CZEISLER
4779 TIVOLI PLACE
SARASOTA, FL 342353649

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CZEISLER, CATHERINE
4779 TIVOLI PL
SARASOTA, FL 342353649

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Ludwig Czeisler **Ludwig Czeisler** **1/22/2007** **360-1600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

000000767129
07/05/07-80001-021 550.00

**DO NOT WRITE
IN THIS SPACE**