

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000048554**

1. Entity Name

LOCKHART PAINTING SERVICE INC



Principal Place of Business

19 SEMINOLE DR  
DEBARY FL 32713

Mailing Address

19 SEMINOLE DR  
DEBARY FL 32713



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **37-1476913**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE : CR2E034 (10/06)

6. Name and Address of Current Registered Agent

LOCKHART, CHARLES  
274 CLOVERLEAF BLVD  
DELTONA, FL FL 32725

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
P  
LOCKHART, CHARLES  
STREET ADDRESS  
274 CLOVERLEAF RD.  
CITY- ST- ZIP  
DELTONA FL 32725 ☐ Delete

TITLE  
NAME  
S  
BOYLE, DEBRANN K  
STREET ADDRESS  
274 CLOVERLEAF BLVD  
CITY- ST- ZIP  
DELTONA FL 32725 ☐ Delete

TITLE  
NAME  
  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
U000000707275  
STREET ADDRESS  
04/24/07-80067-025 150.00 ☐ Change ☐ Addition

TITLE  
NAME  
  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ 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:

*Charles Lockhart*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.13.07 (386) 747-8025  
Date Daytime Phone