2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000114848

LOCKWOOD & ASSOCIATES CONSULTING GROUP, INC.



FILED May 02, 2008 08:00 AN Secretary of State

Principal Place of Business

3508 BERGER ROAD LUTZ, FL 33548

Mailing Address

3508 BERGER ROAD LUTZ, FL 33548



| OC | NOT | WRITE | IN THIS | SPACE |
|----|------|--|---------|-------|
| | 1101 | ** | | |

Applied For 4. FEI Number 56-2409266 Not Applicable

5. Certificate of Status Desired

04302008

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

SIGNATURE'S

LOCKWOOD, WILLIAM B 3508 BERGER ROAD LUTZ, FL 33548

DO NOT WRITE IN THIS SPACE

No Chg-P

| | | · | | | | | | |
|--|---|----------------|------|--------------------------------|---|--|--|--|
| 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 Supplying broad or project name of project name of project and title if applying the project of the project name of | | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent eignature required when reinstating) DATE | | | | | | | | |
| FILE NOWIII FEE IS \$150.00 9. Election Camp After May 1, 2008 Fee will be \$550.00 Trust Fund Co | | | oing | \$5.00 May Be Added to Fees | | | | |
| 10. | OFFICERS AND DIREC | CTORS | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCEO LOCKWOOD, WILLIAM B 3508 BERGER ROAD LUTZ, FL 33548 | | | | 112222224 | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | | 000000945391 05/30/08-80007-010 150.00 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN 7 | THIS SPACE | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | , - | | - • | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | 2 10 | | | | | | |
| 12. Thereby certify that the information supplied with this filine soes not quality 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 of flustee employered 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 stutt an address in the flustee empowered. | | | | | | | | |