


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000133292
 1. Entity Name
 DAVID P. LOCKHART, INC.



Principal Place of Business Mailing Address
 816 EVERGREEN STREET 816 EVERGREEN STREET
 NEW SMYRNA BEACH, FL 32169 NEW SMYRNA BEACH, FL 32169



03242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 20-0445070 Not Applicable

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

6. Name and Address of Current Registered Agent
 LOCKHART, NANCY T
 816 EVERGREEN STREET
 NEW SMYRNA BEACH, FL 32169

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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 _____ (NOTE: Registered Agent Signature Required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LOCKHART, DAVID P
STREET ADDRESS	816 EVERGREEN STREET
CITY - ST - ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	VST
NAME	LOCKHART, NANCY
STREET ADDRESS	816 EVERGREEN STREET
CITY - ST - ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Nancy T. Lockhart (NANCY + LOCKHART) 3-28-05 386-428-7133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #