
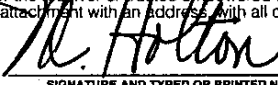


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90245 040 ***150.00

DOCUMENT # P03000145380 1. Entity Name SOCKLOCKER INC.					
Principal Place of Business 6302 BENJAMIN RD SUITE #405 TAMPA, FL 33634			Mailing Address 6302 BENJAMIN RD SUITE #405 TAMPA, FL 33634		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WINTERS, JEFFREY 3945 FLORAMAR TERRACE NEW PORT RICHEY, FL 34652			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GITTO, JEFFREY		NAME	GITTO, JEFFREY	
STREET ADDRESS	4950 BAYSHORE BLVD #2		STREET ADDRESS	5508 MIAMI AVE.	
CITY - ST - ZIP	TAMPA, FL 33611		CITY - ST - ZIP	TAMPA, FL 33604	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	P/M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINTERS, JEFFREY		NAME	WINTERS, JEFFREY	
STREET ADDRESS	3945 FLORAMAR TERRACE		STREET ADDRESS	3945 FLORAMAR TERRACE	
CITY - ST - ZIP	NEW PORT RICHEY, FL 34652		CITY - ST - ZIP	NEW PORT RICHEY, FL 34652	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP/M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLTON, MICHAEL		NAME	HOLTON, MICHAEL	
STREET ADDRESS	11469 BENSHOFF AVE.		STREET ADDRESS	11469 BENSHOFF AVE.	
CITY - ST - ZIP	BROOKSVILLE, FL 34601		CITY - ST - ZIP	BROOKSVILLE, FL 34601	
TITLE	DIR	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELINI, FLOYD		NAME		
STREET ADDRESS	41 BURR FARMS RD		STREET ADDRESS		
CITY - ST - ZIP	WESTPORT, CT 06880		CITY - ST - ZIP		
TITLE	DIR	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELINI, PATTI		NAME		
STREET ADDRESS	41 BURR FARMS RD		STREET ADDRESS		
CITY - ST - ZIP	WESTPORT, CT 06880		CITY - ST - ZIP		
TITLE	DIR	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENEE, HENARD		NAME		
STREET ADDRESS	4950 BAYSHORE BLVD #2		STREET ADDRESS		
CITY - ST - ZIP	TAMPA, FL 33611		CITY - ST - ZIP		
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.					
SIGNATURE: 			MICHAEL HOLTON		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4/21/05 Daytime Phone #: 813/881-1220		

