

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

04-07-2005 90031 033 ***150.00

DOCUMENT # P04000089951					
1. Entity Name LOCKERIDGE ENTERPRISES INC.					
Principal Place of Business 2405 PEACE CIRCLE KISSIMMEE FL 34758 US			Mailing Address 2405 PEACE CIRCLE KISSIMMEE FL 34758 US		
2. Principal Place of Business			3. Mailing Address 1097 Hidden Harbor Lane		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State Kissimmee, FL		
Zip	Country	Zip	Country	4. FEI Number 20-1591348	
34746		34746		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COHN, SCOTT E ESQ. 315 SE 7TH STREET 2ND FLOOR FT. LAUDERDALE FL 33301				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 _____ (NOTE: Registered Agent signature required when registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P LOCKERIDGE, ROBERT J ☐ Delete			TITLE	Lockeridge, Robert J. ☒ Change ☐ Addition
NAME				NAME	1097 Hidden Harbor Lane
STREET ADDRESS	2405 PEACE CIRCLE			STREET ADDRESS	Kissimmee, FL 34746
CITY-ST-ZIP	KISSIMMEE FL 34758			CITY-ST-ZIP	
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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: _____				Date: 4/1/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	