


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90091 013 \*\*\*158.75

|   |                                 |   |  |   |  |
|---|---------------------------------|---|--|---|--|
| <b>DOCUMENT # P04000089951</b>  |                                 |   |  |                                  |  |
| <b>1. Entity Name</b><br>LOCKERIDGE ENTERPRISES INC.  |                                 |   |  |   |  |
| <b>Principal Place of Business</b><br>2405 PEACE CIRCLE<br>KISSIMMEE, FL 34758 US   |                                 |   | <b>Mailing Address</b><br>1097 HIDDEN HARBOR LANE<br>KISSIMMEE, FL 34746 US  |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>119-A MAGNOLIA PARK DR.  |                                 | <b>3. Mailing Address</b><br>119-A MAGNOLIA PARK DR.  |  |   |  |
| Suite, Apt. #, etc.   |                                 | Suite, Apt. #, etc.   |  |   |  |
| <b>City &amp; State</b><br>MOORESVILLE NC   |                                 | <b>City &amp; State</b><br>MOORESVILLE NC   |  | <b>4. FEI Number</b><br>40-1591348 20-1591348   |  |
| <b>Zip</b> 28117  |                                 | <b>Country</b> US   |  | <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b>  |                                 |   | <b>7. Name and Address of New Registered Agent</b>   |   |  |
| COHN, SCOTT E ESQ.<br>315 SE 7TH STREET<br>2ND FLOOR<br>FT. LAUDERDALE, FL 33301  |                                 |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code  |   |  |
| <b>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.</b>  |                                 |   |  |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____   |                                 |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>  |                                 | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.                      |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |                                 |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |  |
| <b>TITLE</b><br>P<br><b>NAME</b><br>LOCKERIDGE, ROBERT J<br><b>STREET ADDRESS</b><br>1097 HIDDEN HARBOR LANE<br><b>CITY - ST - ZIP</b><br>KISSIMMEE, FL 34746   | <input type="checkbox"/> Delete |   | <b>TITLE</b><br>PRESIDENT<br><b>NAME</b><br>ROBERT J. LOCKERIDGE<br><b>STREET ADDRESS</b><br>119-A MAGNOLIA PARK DR.<br><b>CITY - ST - ZIP</b><br>MOORESVILLE NC 28117 US  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY - ST - ZIP</b><br>  | <input type="checkbox"/> Delete |   | <b>TITLE</b><br>CORPORATE SECRETARY<br><b>NAME</b><br>SUSAN M GROSSE<br><b>STREET ADDRESS</b><br>119-A MAGNOLIA PARK DR.<br><b>CITY - ST - ZIP</b><br>MOORESVILLE NC 28117 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                      |  |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY - ST - ZIP</b><br>  | <input type="checkbox"/> Delete |   | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY - ST - ZIP</b><br>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY - ST - ZIP</b><br>  | <input type="checkbox"/> Delete |   | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY - ST - ZIP</b><br>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY - ST - ZIP</b><br>  | <input type="checkbox"/> Delete |   | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY - ST - ZIP</b><br>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY - ST - ZIP</b><br>  | <input type="checkbox"/> Delete |   | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY - ST - ZIP</b><br>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify 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 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.</b> |                                 |   |  |   |  |
| <b>SIGNATURE:</b> <i>Susan M. Grosse</i> <b>CORPORATE SECRETARY</b>   |                                 |   | <b>5/3/07 704-658-2328</b>   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                                 |   | Date Daytime Phone #   |   |  |



Elaine F. Marshall  
Secretary

ATTACHMENT

40105814  
# P04000089951

North Carolina

DEPARTMENT OF THE  
SECRETARY OF STATE

PO Box 29622 Raleigh, NC 27626-0622 (919)807-2000

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#### Corporation Names

| Name                            | Name Type |
|---------------------------------|-----------|
| NC Lockeridge Enterprises, Inc. | Legal     |

#### Business Corporation Information

|                |                |
|----------------|----------------|
| SOSID:         | 0900394        |
| Status:        | Current-Active |
| Date Formed:   | 2/23/2007      |
| Citizenship:   | Foreign        |
| State of Inc.: | FL             |
| Duration:      | Perpetual      |

#### Registered Agent

|                             |   |
|-----------------------------|---|
| Agent Name:                 | Lockeridge, Robert                                |
| Registered Office Address:  | 119-A Magnolia Park Drive<br>Mooresville NC 28117 |
| Registered Mailing Address: | 119-A Magnolia Park Drive<br>Mooresville NC 28117 |
| Principal Office Address:   | 119-A Magnolia Park Drive<br>Mooresville NC 28117 |
| Principal Mailing Address:  | 119-A Magnolia Park Drive<br>Mooresville NC 28117 |

#### LINKS & LEGISLATION

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