

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000092816

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: LOCKHART PROPERTIES, INC.

## Current Principal Place of Business:

62100 FRONTIER CIRCLE  
LABELLE, FL 33935

## New Principal Place of Business:

## Current Mailing Address:

62100 FRONTIER CIRCLE  
LABELLE, FL 33935

## New Mailing Address:

FEI Number: 76-0761794

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOCKHART, KAREN A  
62100 FRONTIER CIRCLE  
LABELLE, FL 33935 US

## Name and Address of New Registered Agent:

ALL FLORIDA FIRM, INC.  
813 DELTONA BLVD STE A  
BOX 1399546  
DELTONA, FL 32725 US

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.

SIGNATURE: DEVIN NEWMAN FOR ALL FLORIDA FIRM

03/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LOCKHART, ROBERT H  
Address: 62100 FRONTIER CIRCLE  
City-St-Zip: LABELLE, FL 33935

Title: VD ( ) Delete  
Name: LOCKHART, KAREN A  
Address: 62100 FRONTIER CIRCLE  
City-St-Zip: LABELLE, FL 33935

Title: VD ( ) Delete  
Name: LOCKHART, ROBERT T  
Address: 4645 CORNELIA DRIVE SW  
City-St-Zip: LABELLE, FL 33935

Title: STVD (X) Delete  
Name: LOCKHART, JACOB W  
Address: 4645 CORNELIA DRIVE SW  
City-St-Zip: LABELLE, FL 33935

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LOCKHART, ROBERT H  
Address: 62100 FRONTIER CIRCLE  
City-St-Zip: LABELLE, FL 33935

Title: VP (X) Change ( ) Addition  
Name: LOCKHART, KAREN A  
Address: 62100 FRONTIER CIRCLE  
City-St-Zip: LABELLE, FL 33935

Title: VP (X) Change ( ) Addition  
Name: LOCKHART, ROBERT T  
Address: 4645 CORNELIA DRIVE SW  
City-St-Zip: LABELLE, FL 33935

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEVIN NEWMAN FOR ROBERT T LOCKHART

VP

03/20/2009

Electronic Signature of Signing Officer or Director

Date