

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000092816

**FILED**  
**Mar 12, 2012**  
**Secretary of State**

**Entity Name:** LOCKHART PROPERTIES, INC.

**Current Principal Place of Business:**

23903 AMALFI COAST ROAD  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

505 W HICKPOCHEE AVE SUITE200/116  
LABELLE, FL 33935

**Current Mailing Address:**

23903 AMALFI COAST ROAD  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

505 W HICKPOCHEE AVE SUITE200/116  
LABELLE, FL 33935

**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  
23903 AMALFI COAST ROAD  
BONITA SPRINGS, FL 34135 US

**Name and Address of New Registered Agent:**

LOCKHART, KAREN A  
505 W HICKPOCHEE AVE SUITE 200/116  
LABELLE, FL 33935 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:

03/12/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LOCKHART, KAREN A  
Address: 505 W HICKPOCHEE AVE SUITE 200/116  
City-St-Zip: LABELLE, FL 33935

I hereby 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 all other like empowered.

SIGNATURE: KAREN LOCKHART

PRES

03/12/2012

Electronic Signature of Signing Officer or Director

Date