


FILED
May 18, 2005 8:00 am
Secretary of State

04-13-2005 90032 011 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000095501			
1. Entity Name LOCKHART MANAGEMENT SERVICES, INC.			
Principal Place of Business 243 W. PARK AVENUE SUITE 201 WINTER PARK, FL 32789 US		Mailing Address 243 W. PARK AVENUE SUITE 201 WINTER PARK, FL 32789 US	
2. Principal Place of Business 5291 W. OAKRIDGE RD. Suite, Apt. #, etc.		3. Mailing Address 5291 W. OAKRIDGE RD. Suite, Apt. #, etc.	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32819		Zip 32819	
Country		Country	
4. FEI Number 20-1595514		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUNVILLE, ROY 5291 W. OAKRIDGE ROAD ORLANDO, FL 32819		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 reappointing) 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 NAME STREET ADDRESS CITY- ST- ZIP PD DUNVILLE, JUDITH 23 ST. PAUL'S DRIVE MT. PLEASANT, TYNE AND WEAR, UK DH4 7SH <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP 5291 W. OAKRIDGE RD. ORLANDO, FL 32819 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP VPD DUNVILLE, ROY 23 ST. PAUL'S DRIVE MT. PLEASANT, TYNE AND WEAR, UK DH4 7SH <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP SD DUNVILLE, NICHOLAS 23 ST. PAUL'S DRIVE MT. PLEASANT, TYNE AND WEAR, UK DH4 7SH <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ (Roy Dunville)		Date: 04/7/2005. 4074886067	