2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000157703

Entity Name: LOCKAMY PAINTING & CO. INC.

FILED Jul 02, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiliess.

2843 NASSAU ST 5015 BLISS RD

SARASOTA, FL 34231 US SARASOTA, FL 34233 US

Current Mailing Address: New Mailing Address:

2843 NASSAU ST 5015 BLISS RD

SARASOTA, FL 34231 US SARASOTA, FL 34233 US

FEI Number: 20-1900008 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LOCKAMY, SUSAN

2843 NASSAU ST

5015 BLISS RD

SARASOTA, FL 34231 US SARASOTA, FL 34233 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: SUSAN LOCKAMY 07/02/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 LOCKAMY, SUSAN
 Name:
 LOCKAMY, SUSAN

 Address:
 2843 NASSAU ST
 Address:
 5015 BLISS RD

City-St-Zip: SARASOTA, FL 34231 US City-St-Zip: SARASOTA, FL 34233 US

Title: VP () Delete Title: VP (X) Change () Addition Name: LOCKAMY, CARL L LOCKAMY, CARL L

 Name:
 LOCKAINT, CARE L

 Address:
 2843 NASSAU ST

 City-St-Zip:
 SARASOTA, FL 34231

 City-St-Zip:
 SARASOTA, FL 34233

Title: S () Delete Title: S (X) Change () Addition

 Name:
 LOCKAMY, CARL M
 Name:
 LOCKAMY, CARL M

 Address:
 2843 NASSAUA ST
 Address:
 5015 BLISS RD

 City-St-Zip:
 SARASOTA, FL 34231
 City-St-Zip:
 SARASOTA, FL 34233

Title: D (X) Delete Title: () Change () Addition

 Name:
 MOSS, LARRY K
 Name:

 Address:
 2843 NASSAU ST
 Address:

 City-St-Zip:
 SARASOTA, FL 34231
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSAN LOCKAMY P 07/02/2006