


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90076 012 ***150.00

DOCUMENT # P05000031437 1. Entity Name LOKOST INSURANCE, INC					
Principal Place of Business 411 EAST TS MISMI TRAIL 4131 NAPLES, FL 34112			Mailing Address 411 EAST TS MISMI TRAIL 4131 NAPLES, FL 34112		
2. Principal Place of Business 4131 East Tamiami Trail			3. Mailing Address 4131 East Tamiami Trail		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State Naples, FL			City & State Naples, FL		
Zip 34112			Zip 34112		
Country Collier			Country Collier		
4. FEI Number 20-2423644			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LEANDRE EVELYNE 411 EAST TS MISMI TRAIL NAPLES, FL 34112				7. Name and Address of New Registered Agent Name Leandre Evelynne Street Address (P.O. Box Number is Not Acceptable) 4131 East Tamiami Trail City Naples, FL Zip Code 34112	
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 <u><i>Leandre Evelynne</i></u> DATE <u><i>5/4/2006</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		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	P LEANDRE EVELYNE 411 EAST TS MISMI TRAIL NAPLES, FL 34112 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Leandre Evelynne 4131 East Tamiami Trail Naples, FL 34112 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEANDRE, MICHEL J 411 EAST TS MISMI TRAIL NAPLES, FL 34112 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 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.					
SIGNATURE: <u><i>Leandre Evelynne</i></u> DATE <u><i>5/4/2006</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT

40089539

LOKOST INSURANCE, INC.

4131 Tamiami Trail East

Naples Fl. 34112

May 4, 2006

Division of Corporations

Annual Report Section

P.O. Box 6327

Tallahassee, FL 32314

REF: LOKOST INSURANCE, INC.
P05000031437

Dear Sir or Madam:

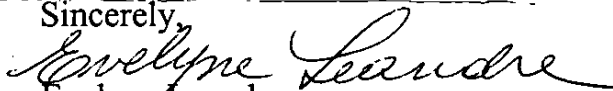
Please be advised that the above-mentioned corporation annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of \$ 150.00

Please advise.

Your cooperation is appreciated.

Sincerely,


Evelyne Leandre

EL/fz