


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 24, 2006 08:00 AM  
Secretary of State

<b>DOCUMENT # P05000121052</b> 1. Entity Name <b>LOCKE'S EXPERT &amp; QUALITY SERVICE, INC.</b>					
Principal Place of Business <b>4455 ALPINE ROAD LAND O' LAKES, FL 34639</b>			Mailing Address <b>4455 ALPINE ROAD LAND O' LAKES, FL 34639</b>		
2. Principal Place of Business  Suite, Apt #, etc.			3. Mailing Address  Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>35-2260519</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>LOCKE, HAROLD 4455 ALPINE ROAD LAND O' LAKES, FL 34639</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2006 Fee will be \$550.00</b> </div> <div>           9. Election Campaign Financing            Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be            Added to Fees         </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOCKE, HAROLD 4455 ALPINE ROAD LAND O' LAKES, FL 34639	<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	V LOCKE, JEVON 3008 YUKON STREET TAMPA, FL 33604	<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	S LOCKE, ELEANOR 3008 YUKON STREET TAMPA, FL 33604	<input 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	<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>Harold Locke</u> <span style="float: right;">3/22/06</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					