

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000019276

FILED
Feb 11, 2007
Secretary of State

Entity Name: LOCKLEY ENTERPRISES, INC.

Current Principal Place of Business:

6430 KINLOCK DR W
JACKSONVILLE, FL 32219 US

New Principal Place of Business:

2255 DUNN AVE SUITE 604
JACKSONVILLE, FL 32218 US

Current Mailing Address:

6430 KINLOCK DR W
JACKSONVILLE, FL 32219 US

New Mailing Address:

FEI Number: 27-0052146 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOCKLEY, VICKIE E
6430 KINLOCK DR W
JACKSONVILLE, FL 32219 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,S () Delete
Name: LOCKLEY, VICKIE E
Address: 6430 KINLOCK DR W
City-St-Zip: JACKSONVILLE, FL 32219 US

Title: VP () Delete
Name: LOCKLEY, EDWIN D SR
Address: 6430 KINLOCK DR W
City-St-Zip: JACKSONVILLE, FL 32219 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: LOCKLEY, EDWIN D SR.
Address: 6430 KINLOCK DR W
City-St-Zip: JACKSONVILLE, FL 32219 US

Title: PD (X) Change () Addition
Name: LOCKLEY, VICKIE E
Address: 6430 KINLOCK DR W
City-St-Zip: JACKSONVILLE, FL 32219 US

Title: TD () Change (X) Addition
Name: GATES, LINDA A
Address: 6430 KINLOCK DR W
City-St-Zip: JACKSONVILLE, FL 32219

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: VICKIE LOCKLEY

PD

02/11/2007

Electronic Signature of Signing Officer or Director

_____ Date