


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000052623	
1. Entity Name PHOENIX PROPERTIES OF LOCKHART, INC.	

Principal Place of Business 5608 4TH STREET LOCKHART, FL 32810	Mailing Address 5608 4TH STREET LOCKHART, FL 32810
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DO NOT WRITE IN THIS SPACE



01202008 No Chg-P CR2E034 (11/05)

4. FEI Number NOT APPLICABLE	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	
BUTCHER, ROGER B 1223 E CONCORD STREET ORLANDO, FL 32803	

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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 *Roger B. Butcher* DATE *2-23-08*

Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000838022 03/05/08-80014-005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCKEE, BRYAN 5608 4TH ST ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAIRNS, JOHN <i>JOHNSON RANDY</i> 5608 4TH ST ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS JAKIELA, DAVE 5608 4TH ST ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *[Signature]* DATE *2/23/08* DAYTIME PHONE # *(407) 538-9736*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR