2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Mar 05, 2007 8:00 am
Secretary of State
02-06-2007 90009 016 ***158.75

DOCUMENT # P06000074928

1. Entity Name
LOCKHART & LOCKHART SERVICES, INC.

Principal Place of Business
11021 SAILBROOK DR.
RIVERVIEW FL

Mailing Address
11021 SAILBROOK DR.
RIVERVIEW FL

2. Principal Place of Business - No P.O. Box #
P.O. Box 611

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
Riverview, Florida

City & State

Zip
33569

Country
Hillsborough

Zip

Country

1st MOORE CR2E034 (10/06)

4. FEI Number
34-2064296

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOCKHART, JANICE
11021 SAILBROOK DR.
RIVERVIEW FL

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PSTD LOCKHART, JANICE 11021 SAILBROOK DR. RIVERVIEW FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ 1/18/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #