

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90016 049 ***158.75

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1. Entity Name

LOCKHART SERVICE CENTER, INC.



Principal Place of Business

218 E INTERLAKE BLVD
LAKE PLACID FL 33852

Mailing Address

218 E INTERLAKE BLVD
LAKE PLACID FL 33852

2. Principal Place of Business

250 E INTERLAKE BLVD

3. Mailing Address

SAME



MOORE

CR2E034 (11/03)

City & State

LAKE PLACID FL

City & State

LAKE PLACID FL

4. FEI Number

65-0460128

Applied For

Not Applicable

Zip

33852

Country

Zip

33852

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOCKHART, DOUGLAS W
218 E INTERLAKE BLVD
LAKE PLACID FL 33852

7. Name and Address of New Registered Agent

Name DOUGLAS W LOCKHART

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

250 E INTERLAKE BLVD

City LAKE PLACID

FL

Zip Code 33852

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 DOUGLAS W LOCKHART P DOUGLAS W LOCKHART 1/21/04

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DV
NAME LOCKHART, DOUGLAS W
STREET ADDRESS 218 E INTERLAKE BLVD
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE P
NAME LOCKHART, WYLENE
STREET ADDRESS 218 E INTERLAKE BLVD
CITY-ST-ZIP LAKE PLACID FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Lockhart Douglas W
NAME DOUGLAS W LOCKHART
STREET ADDRESS 250 E INTERLAKE BLVD
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

DOUGLAS W LOCKHART

1/21/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #