

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90536 032 ***150.00

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04012004 Chg-P CR2E034 (10/03)

DOCUMENT # P94000036282 1. Entity Name LOCKWOOD AND CO., INC.					
Principal Place of Business 1260 E COMMERCIAL BLVD FT LAUDERDALE, FL 33334			Mailing Address 1260 E COMMERCIAL BLVD FT LAUDERDALE, FL 33334		
2. Principal Place of Business 1260 EAST OAKLAND PK BLVD Suite, Apt. #, etc.		3. Mailing Address 1260 EAST OAKLAND PK BLVD Suite, Apt. #, etc.			
City & State Fort Lauderdale, FL Zip 33334 Country USA		City & State Fort Lauderdale, FL Zip 33334 Country USA		4. FEI Number 65-0489452	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent JARVIS, JUDITH A 1260 E. OAKLAND PARK BLVD. STE 200 LAUDERHILL, FL 33313			7. Name and Address of New Registered Agent Name JUDITH A JARVIS Street Address (P.O. Box Number is Not Acceptable) 1260 EAST OAKLAND PARK BLVD. SUITE 200 City Fort Lauderdale FL Zip Code 33334		
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 <u><i>Judith A Jarvis</i></u> JUDITH A. JARVIS DATE 4-15-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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	DP GALLANT, GLENN M 1260 E. OAKLAND PARK BLVD. FT LAUDERDALE, FL 33334 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-15/04 Daytime Phone # 954-453-3000		