

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90019 035 ***550.00

DOCUMENT # P97000076554

1. Entity Name

LOCKLIN MOBILE HOME SUPPLY AND REPAIR, INC.



Principal Place of Business
3512 NW 10TH AVE
FT LAUDERDALE FL 33309

Mailing Address
3512 NW 10TH AVE
FT LAUDERDALE FL 33309

2. Principal Place of Business
3518 NW 10 AVE

3. Mailing Address
2637 E Atlantic Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc. #266

City & State
Ft. Lauderdale, FL

City & State
Pompano Beach, FL

Zip 33309

Country Broward

Zip 33062

Country Broward

4. FEI Number 65-0798171

Applied For
Not Applicable

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

MOORE CR2E034 (4/04)



6. Name and Address of Current Registered Agent

LOCKLIN, WILLIAM A
3512 NW 10TH AVE
FT LAUDERDALE FL 33309

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

7-27-04

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004

S. 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

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

TITLE P
NAME LOCKLIN, SHERI
STREET ADDRESS 318 LAKESIDE WAY
CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Sheri Locklin-Lachapelle ☒ Change ☐ Addition
NAME
STREET ADDRESS 190 NE 28 Ave, #604
CITY-ST-ZIP Pompano Beach, FL 33062

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Sheri A Lachapelle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-27-04

Date

954 943 4000

Daytime Phone #