## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000017905

Address:

City-St-Zip:

FILED Apr 07, 2005 Secretary of State

Entity Nar	me: HUGH M	1. LOKEY & ASSOCIATES, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	MICHIGAN S D, FL 32805	STREET				
Current Mailing Address:			New Mailir	New Mailing Address:		
	MICHIGAN S D, FL 32805	STREET				
FEI Number:	: 59-3557630	FEI Number Applied For ( )	El Number Not Appli	icable ( ) Certificate of Status Desired (X)		
Name and	Address of	Current Registered Agent:	Name and	Address of New Registered Agent:		
	UGH M MICHIGAN S ), FL 32805	STREET US				
	named entity of Florida.	submits this statement for the purpo	ose of changing it	ts registered office or registered agent, or both,		
SIGNATUR	RE:					
	Electro	nic Signature of Registered Agent		Date		
Election Car	npaign Financir	ng Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	LOKEY, HUGH	CHIGAN STREET	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition LOKEY, HUGH M PRES 641 WEST MICHIGAN STREET ORLANDO, FL 32805		
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition LOKEY, CAROL A V.P. 1701 WIND WILLOW ROAD ORLANDO, FL 32809		
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	D ( ) Change (X) Addition ROLLMAN, MELANIE L TREAS. 2901 BRIDGEHAMPTON ROAD ORLANDO, FL 28312		
Title: Name:	(	) Delete	Title: Name:	D ( ) Change (X) Addition POSEY, AMY L SEC.		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

1306 BLYTHE AVE

DELTONA, FL 32725

SIGNATURE: HUGH M. LOKEY 04/07/2005 D