

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000047300

1. Entity Name
DONNA D. LOCKARD INC.



Principal Place of Business
**4911 N.E. 22ND AVENUE
LIGHTHOUSE POINT, FL 33064**

Mailing Address
**4911 N.E. 22ND AVENUE
LIGHTHOUSE POINT, FL 33064**

DO NOT WRITE IN THIS SPACE

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01182004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0922862

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LOCKARD, DONNA D
4911 NE 22ND AVE
POMPAHO BEACH, FL 33064**

**DO NOT WRITE
IN THIS SPACE**

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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
LOCKARD, DONNA D
4911 N.E. 22ND AVENUE
LIGHTHOUSE POINT, FL 33064**

TITLE
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CITY-ST-ZIP

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04/05/04-80060-015 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 007, 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 empowerment.

SIGNATURE: Donna D. Lockard - Donna D. Lockard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President 4/04/04 954-725-7997