2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jul 07, 2004 08:00 AM DOCUMENT # S06014 **Secretary of State** 1. Entity Name F. R. LOCKE & ASSOCIATES, INC. Principal Place of Business Mailing Address 440 SUNSET ROAD **440 SUNSET ROAD** ENTERPRISE, FL 32725 ENTERPRISE, FL 32725 07022004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3033573 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FRID LOCKE, FR4ED DO NOT WRITE 440 SUNSET ROAD ENTERPRISE, FL 32725 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 tale if applicable. (NOTE, Registered Agent signature required when reinstaling) DATE **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Due by September 8, 2004 Added to Fees OFFICERS AND DIRECTORS 10. DPS TOTALE LOCKE, FRED NAME STREET ADDRESS 440 SUNSET ROAD U00000164204 07/07/04-80036-010 158.75 CITY-ST-ZIP ENTERPRISE, FL DVT TITLE LOCKE, DONNA NAME STREET ADDRESS 440 SUNSET ROAD CITY-ST-7IP ENTERPRISE, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP DDF IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information subplied 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 truetee 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.

FILED