

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # S14798

1. Entity Name

LOCKMAN OF PINELLAS COUNTY, INC.



Principal Place of Business

6236 PARK BLVD.
PINELLAS PARK, FL 34665

Mailing Address

6236 PARK BLVD.
PINELLAS PARK, FL 34665



02192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3024512

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HENSLEY, CLAUDE
13920 EGRET LANE
CLEARWATER, FL 33762

**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 reinstating)

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
DP
HENSLEY, CLAUDE
13920 EGRET LANE
CLEARWATER, FL 33762

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
HENSLEY, PAMELLA
13920 EGRET LANE
CLEARWATER, FL 33762

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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U000000126943
04/23/04-80054-018 150.00

**DO NOT WRITE
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAMELLA S HENSLEY

Date

4/20/04

Daytime Phone

727-544-1824