

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S14798

FILED  
Feb 01, 2005  
Secretary of State

Entity Name: LOCKMAN OF PINELLAS COUNTY, INC.

## Current Principal Place of Business:

6236 PARK BLVD.  
PINELLAS PARK, FL 34665

## New Principal Place of Business:

6236 PARK BLVD.  
PINELLAS PARK, FL 33781

## Current Mailing Address:

6236 PARK BLVD.  
PINELLAS PARK, FL 34665

## New Mailing Address:

6236 PARK BLVD.  
PINELLAS PARK, FL 33781

FEI Number: 59-3024512

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HENSLEY, CLAUDE  
13920 EGRET LANE  
CLEARWATER, FL 33762 US

## Name and Address of New Registered Agent:

HENSLEY, CLAUDE A  
13920 EGRET LANE  
CLEARWATER, FL 33762 US

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.

SIGNATURE: PAMELLA S. HENSLEY

02/01/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: HENSLEY, CLAUDE,  
Address: 13920 EGRET LANE  
City-St-Zip: CLEARWATER, FL 33762

Title: S ( ) Delete  
Name: HENSLEY, PAMELLA  
Address: 13920 EGRET LANE  
City-St-Zip: CLEARWATER, FL 33762

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: HENSLEY, CLAUDE A  
Address: 13920 EGRET LANE  
City-St-Zip: CLEARWATER, FL 33762

Title: S (X) Change ( ) Addition  
Name: HENSLEY, PAMELLA S  
Address: 13920 EGRET LANE  
City-St-Zip: CLEARWATER, FL 33762

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.

SIGNATURE: PAMELLA S. HENSLEY

S

02/01/2005

Electronic Signature of Signing Officer or Director

Date