


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # S41400 1. Entity Name LOC ENTERPRISES INC.	
---	---

Principal Place of Business

**1401 REID STREET
PALATKA, FL 32177**

Mailing Address

**1401 REID STREET
PALATKA, FL 32177**

DO NOT WRITE IN THIS SPACE



03052006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3066448	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent

**MYERS, LINDA
1419 REID STREET
PALATKA, FL 32177**

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000460032
03/20/06-80019-014 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MYERS, LINDA 1401 REID STREET PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MYERS, H V 1401 REID ST PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWENS, JENNIFER 2500 FAIRWAY DR PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWENS, NICHOLAS 2500 FAIRWAY DR PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Linda Myers 3-6-06

Date

Daytime Phone #

356-328-9990