

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 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



04022008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3066448

Applied For
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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000385143
04/18/08-80002-005 150.00

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
AMSDEN, JENNIFER
501 BAY ST. #C
SANTA MONICA, CA 90405**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
OWENS, NICHOLAS
100 FREEMASON ST.
NORFOLK, VA**

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: *Linda Myers* Linda Myers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/2008

Date

386-328-9990

Daytime Phone #