

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# S60723

Entity Name: LOCKERS, INC.

FILED  
Jun 15, 2005  
Secretary of State

## Current Principal Place of Business:

5380 NORTH OCEAN DRIVE, UNIT 11-H  
SINGER ISLAND, FL 33404

## New Principal Place of Business:

4265 TROON LANE  
BOYNTON BEACH, FL 33436 US

## Current Mailing Address:

5380 NORTH OCEAN DRIVE, UNIT 11-H  
SINGER ISLAND, FL 33404

## New Mailing Address:

4265 TROON LANE  
BOYNTON BEACH, FL 33436 US

FEI Number: 65-0269891

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMS, DONALD J  
5380 NORTH OCEAN DRIVE, UNIT 11-H  
SINGER ISLAND, FL 33404 US

## Name and Address of New Registered Agent:

WILLIAMS, SCOTT G  
4265 TROON LANE  
BOYNTON BEACH, FL 33436 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: SCOTT G. WILLIAMS

06/15/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WILLIAMS, DONALD J  
Address: 5380 NORTH OCEAN DRIVE, UNIT 11-H  
City-St-Zip: SINGER ISLAND, FL 33404

Title: VS ( ) Delete  
Name: WILLIAMS, SCOTT G  
Address: 4265 TROON LANE  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: WILLIAMS, DONALD J  
Address: 5380 NORTH OCEAN DRIVE, UNIT 11-H  
City-St-Zip: SINGER ISLAND, FL 33404

Title: PS (X) Change ( ) Addition  
Name: WILLIAMS, SCOTT G  
Address: 4265 TROON LANE  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VP ( ) Change (X) Addition  
Name: WILLIAMS, ELIZABETH L  
Address: 5380 NORTH OCEAN DRIVE UNIT-H  
City-St-Zip: SINGER ISLAND, FL 33404

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: SCOTT G. WILLIAMS

PS

06/15/2005

Electronic Signature of Signing Officer or Director

Date