

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90158 023 ***150.00

DOCUMENT # 503968

1. Entity Name

LUCILLE'S TRAVEL BUREAU, INC.



Principal Place of Business

956 BEACHLAND BLVD
 P O BOX 3483
 VERO BCH FL 32964

Mailing Address

956 BEACHLAND BLVD
 P O BOX 3483
 VERO BCH FL 32964



2. Principal Place of Business

~~6250 North A1A~~
 Suite, Apt. #, etc.

3. Mailing Address

~~6250 North A1A~~
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State

~~Vero Beach, Florida~~

Zip Country

~~32963 USA~~

City & State

~~Vero Beach, Florida~~

Zip Country

~~32963 USA~~

4. FEI Number

59-1679182

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRZYBOWSKI, LAVERNE
 956 BEACHLAND BLVD.
 VERO BEACH FL 32963

Name

~~Grzybowski, LaVerne~~

Street Address (P.O. Box Number is Not Acceptable)

~~6250 North A1A~~

City

~~Vero Beach~~

FL

Zip Code

~~32963~~

7. Name and Address of New Registered Agent

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 *Laverne Grzybowski* **LAVERNE GRZYBOWSKI, PRESIDENT**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-31-06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GRZYBOWSKI, LAVERNE	
STREET ADDRESS	710 GLADIOLUS DR.	
CITY-ST-ZIP	BAREFOOT BAY FL 32976	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COE, SUSAN K	
STREET ADDRESS	710 GLADIOLUS DR.	
CITY-ST-ZIP	BAREFOOT BAY FL 32976	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Laverne Grzybowski* **LAVERNE GRZYBOWSKI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-06 (772) 231-5320

Date

Daytime Phone #