


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90075 010 ***150.00

DOCUMENT # H93975

1. Entity Name
 LUCE CARPENTRY CORNER, INC.



Principal Place of Business
 % SUNSHINE HILL LUCE
 1707 S STOCKTON ST
 MELBOURNE, FL 32901

Mailing Address
 % SUNSHINE HILL LUCE
 1707 S STOCKTON ST
 MELBOURNE, FL 32901



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01202006 Chg-P CR2E034 (11/05)

City & State

4. FEI Number
59-2646294

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

LUCE, THOMAS SPENCER
 1707 S STOCKTON ST
 MELBOURNE, FL 32901

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 Thomas S. Luce Tom Luce 1-29-06
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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LUCE, THOMAS SPENCER	
STREET ADDRESS	1707 S STOCKTON ST	
CITY-ST-ZIP	MELBOURNE, FL	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	LUCE, SUNSHINE HILL	
STREET ADDRESS	1707 S STOCKTON ST	
CITY-ST-ZIP	MELBOURNE, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOTT, LARRY JOHN	
STREET ADDRESS	1707 S STOCKTON ST	
CITY-ST-ZIP	MELBOURNE, FL	
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		
STREET ADDRESS		
CITY-ST-ZIP		
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		
STREET ADDRESS		
CITY-ST-ZIP		

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: Thomas S Luce Tom Luce 1-29-06 321-725-9979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #