Sent By: Denison Daves;

01-21-2005 90087 015 ***150.00
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2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 FEB 15 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA 0UUU5386

DOCUMENT # P04000170078

1. Entity Name
LUCKY ME DESIGNS, INC.

Principal Place of Business	Mailing Address
1 SOUTH MARINA DRIVE KEY LARGO ANGLERS CLUB KEY LARGO, FL 33037	1 SOUTH MARINA DRIVE KEY LARGO ANGLERS CLUB KEY LARGO, FL 33037

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country
3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

01192005 Chg-P CR2E034 (10/03) 05

4. FEI Number: 20-2032062 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
LOPEZ, PAUL O
C/O TRIPP SCOTT, P.A.
110 SE 6TH STREET, 15TH FLOOR
FORT LAUDERDALE, FL 33301

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD DENISON, VICKI 1 SOUTH MARINA DR., KEY LARGO ANGLERS CLUB KEY LARGO, FL 33037	☐ Delete	Director KEN DENISON 1 South Marina Drive KLAC Key Largo FL 33037	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Vicki Denison VICKI DENISON 1-19-05 305 367-4127
Signature and typed or printed name of signing officer or director — Date — Daytime Phone #

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