2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 21, 2005 8:00 am

PRICE DE Business 20 N FEDERAL HIV DATA FL 3004 2. Principal Prince of Business 3. Mailing Address 20 N FEDERAL HIV DATA FL 3004 2. Principal Prince of Business 3. Mailing Address 4. Fit Humber 4. Fit Humber 4. Fit Humber 5. Controlled of Signature Desires 5. Mailing Address 5	DOCUMENT # P93000058141 1. Entity Name LUCKEY'S MOTEL, INC.						92-21-2005 90054 020 ***150.00					
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City & State Ci	2. Principal P	tace of Busir	ess	3. Mailing Address								
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8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. Name Shift Address of New Registered Agent 9. Staglar Shift Name Shift Name Shift Address of New Registered Agent 8. Name Shift Address of New Registered Agent 9. Staglar Shift Name Shift Nam	City & State	e		C	ity & State							
Nume Part Sansant Nounce Part Street Agencies (P.O. Box Number is Not Ageographie) Way	Zip	Country			Zip Coun		try	5. Certificate of Status Des				
8. The above named entity subrpits this gatement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATU	2237 N CC SUITE 3	UB, TRAC	Y D E PARKWAY	t Regist	ered Agent		Street Address	P.O. Box Numb	UMAR =	2 P "WA	ATEL Y	
After May 1, 2009 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE PATEL, SANJAYKUMAR J TRUE Change Addition NAME STRET ADDRESS TRUE ADDRESS CITY-57-2P DANIE, FL 33004 CITY-57-2P TILE Delete TRUE Delete TRUE NAME STRET ADDRESS CITY-57-2P TILE Delete TRUE Delete TRUE NAME STRET ADDRESS CITY-57-2P TILE Delete TRUE Delete TRUE NAME STRET ADDRESS CITY-57-2P TILE Delete TRUE Delete TRUE NAME STRET ADDRESS CITY-57-2P TILE Delete TRUE Delete TRUE NAME STRET ADDRESS CITY-57-2P TILE Delete TRUE Delete TRUE NAME STRET ADDRESS CITY-57-2P TILE Delete TRUE Delete TRUE NAME STRET ADDRESS CITY-57-2P TILE Delete TRUE Delete TRUE NAME STRET ADDRESS CITY-57-2P TILE Delete TRUE Delete TRUE NAME STRET ADDRESS CITY-57-2P TILE Delete TRUE Delete TRUE NAME STRET ADDRESS CITY-57-2P TILE Delete TRUE Delete TRUE NAME STRET ADDRESS CITY-57-2P TILE Delete TRUE Delete TRUE NAME STRET ADDRESS CITY-57-2P TILE Delete TRUE Delete TRUE Delete TRUE TILE Delete TRUE Delete TRUE DELete DELete	the obligat	ions of regis	tered agent.		PRENDE	77	ed office or registe	red agent, or bo	oth, in the State of Flo	orida. I am fa	33	3.50
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STREET ADDRESS CITY-ST-ZIP 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 rustee empowered to execute this region as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11/if	NAME STREET ADDRESS				☐ Delete	NAM STRI	EET ADDRESS				Change	Addition
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SIGNATURE: STATE SALHANA PATEL 2/7/05 954-424-988	indicated of the co- changed	on this report reporation or t l, or on an att	ort or supplemental report he receiver or trustee em achment witten address	is true a powered	nd accurate and that r	ny signa as requ	iture shall have the ired by Chapter 60	same legal effe 7, Florida Statut	ct as if made under es; and that my nam	oath; that I a e appears in	n an officer Block 10 o	or director r Block 11 if

S ANHANA SIGNING OFFICER OR DIRECTOR