2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # H93975

1. *Entity Name*
LUCE CARPENTRY CORNER, INC.

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

DO NOT WRITE IN THIS SPACE

01222005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2646294
☐ Applied For
☐ Not Applicable

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

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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 _____
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, 2005 Fee will be $550.00

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

U00000203173
01/29/05-80019-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LUCE, THOMAS SPENCER
STREET ADDRESS	1707 S STOCKTON ST
CITY-ST-ZIP	MELBOURNE, FL
TITLE	DS
NAME	LUCE, SUNSHINE HILL
STREET ADDRESS	1707 S STOCKTON ST
CITY-ST-ZIP	MELBOURNE, FL
TITLE	D
NAME	MOTT, LARRY JOHN
STREET ADDRESS	1707 S STOCKTON ST
CITY-ST-ZIP	MELBOURNE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Thomas Luce 1-26-05 321-725-8429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #