

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000007806

**Entity Name:** LUCAS CARING HANDS INC.

**Current Principal Place of Business:**

10975 CAMPUS HEIGHTS LANE  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

10975 CAMPUS HEIGHTS LANE  
JACKSONVILLE, FL 32218

**FEI Number:** 46-2770575

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LUCAS, GLADYS  
10975 CAMPUS HEIGHTS LN  
JACKSONVILLE, FL 32218 US

*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.*

**SIGNATURE:** GLADYS LUCAS

04/07/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name LUCAS, GLADYS Y  
Address 10975 CAMPUS HEIGHTS LN  
City-State-Zip: JACKSONVILLE FL 32218

Title VP  
Name LUCAS, MONTREZ  
Address 10975 CAMPUS HEIGHTS LN  
City-State-Zip: JACKSONVILLE FL 32218

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** GLADYS LUCAS

OWNER

04/07/2016

Electronic Signature of Signing Officer/Director Detail

Date