

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90158 023 \*\*\*150.00

**DOCUMENT # 503968**

1. Entity Name

LUCILLE'S TRAVEL BUREAU, INC.



Principal Place of Business

956 BEACHLAND BLVD  
P O BOX 3483  
VERO BCH FL 32964

Mailing Address

956 BEACHLAND BLVD  
P O BOX 3483  
VERO BCH FL 32964

2. Principal Place of Business

**6250 North A1A**  
Suite, Apt. #, etc.

3. Mailing Address

**6250 North A1A**  
Suite, Apt. #, etc.

City & State

**Vero Beach, Florida**

Zip Country

**32963 uSA**

City & State

**Vero Beach, Florida**

Zip Country

**32963 USA**

4. FEI Number

**59-1679182**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

GRZYBOWSKI, LAVERNE  
956 BEACHLAND BLVD.  
VERO BEACH FL 32963

Name

**Grzybowski, LaVerne**

Street Address (P.O. Box Number is Not Acceptable)

**6250 North A1A**

City

**Vero Beach**

FL

Zip Code

**32963**

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

*LaVerne Grzybowski* **LaVERNE Grzybowski, President**

**3-31-06**

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing

Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME GRZYBOWSKI, LAVERNE ☐ Delete  
STREET ADDRESS 710 GLADIOLUS DR.  
CITY-ST-ZIP BAREFOOT BAY FL 32976

TITLE SD  
NAME COE, SUSAN K ☐ Delete  
STREET ADDRESS 710 GLADIOLUS DR.  
CITY-ST-ZIP BAREFOOT BAY FL 32976

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Section 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: *LaVerne Grzybowski* **LaVERNE Grzybowski**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-31-06 (772) 231-5320**

Date

Daytime Phone #