2004 FOR PROFIT CORPORATION ANNUAL REPORT

2/10/2004-90023-010-$150.00-$150.00

04 FEB 23 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 517969

1. Entity Name
LUCAS FORD ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1017 9TH AVE., N. ST. PETERSBURG, FL 33705	P.O. BOX 7027 ST. PETERSBURG, FL 33705

02022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1701118
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FORD, LUCAS
555 20TH AVE., NE
ST. PETERSBURG, FL 33704

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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 _____ 2/6/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	FORD, LUCAS
STREET ADDRESS	555 20TH AVE., N.E.
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	P
NAME	WILLIAM, LUCAS FORD J III
STREET ADDRESS	4904 LAKE FOREST DRIVE
CITY-ST-ZIP	ATLANTA, GA 30342
TITLE	DS
NAME	CHRISTOPHER, EAST
STREET ADDRESS	752 PINE TREE LANE SW
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	D
NAME	JOSEPH, FORD N
STREET ADDRESS	237 BRAMERTON COURT
CITY-ST-ZIP	FRANKLIN, TN 37069
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: _____ 2/6/04 727-896-4540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #