


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 517969 1. Entity Name LUCAS FORD ASSOCIATES, INC.	
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Principal Place of Business 1017 9TH AVE., N. ST. PETERSBURG, FL 33705	Mailing Address P.O. BOX 7027 ST. PETERSBURG, FL 33705
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01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1701118	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FORD, LUCAS 555 20TH AVE, NE ST. PETERSBURG, FL 33704

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FORD, LUCAS 555 20TH AVE., N.E. ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAM, LUCAS FORD J III 4904 LAKE FOREST DRIVE ATLANTA, GA 30342
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CHRISTOPHER, EAST 752 PINE TREE LANE SW PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH, FORD N 237 BRAMERTON COURT FRANKLIN, TN 37069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000388034
01/19/06-80061-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/05 **727-896-4540**
Date Daytime Phone #