


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 517969</b> 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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**DO NOT WRITE IN THIS SPACE**



01182007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1701118	Applied For 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
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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	

01/29/07-80001-003 150.00

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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 reports 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** **1/29/07** **20896-4540** **Date** **Daytime Phone #**