2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 07, 2005 08:00 AM Secretary of State **DOCUMENT # 566280** 1. Entity Name LAWRENCE LUKIN ASSOCIATES, INC. Principal Place of Business Mailing Address 3551 LAKEMONT DR BONITA SPRINGS FL 34134 355† LAKEMONT DR **BONITA SPRINGS FL 34134** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) 1st MOORE Applied For City & State 4. FEI Number City & State 59-1802151 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LUKIN, LUCILLE L Street Address (P.O. Box Number is Not Acceptable) 3551 LAKEMONT DRIVE **BONITA SPRINGS FL 34134** City Zip Code 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 DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition Little TITLE Delete NUMA NAME LUKIN, LUCILLE L U00000253090 3551 LAKEMONT DRIVE LIRECT ADDRESS 03/07/05-80020-003 150.00 STREET ADDRESS **BONITA SPRINGS FL 34134** ally ST-ZIP CITY ST ZIP VΡ Change Addition Tible ☐ Derete HILLE NAME NAME LUKIN, CHRISTOPER STREET ADDRESS STREET ADDRESS 211 EAST BOLTON ST City-ST-ZP CITY ST ZIP SAVANNAH GA 31401 ☐ Change Addition Detete HILE TITLE NAM NAME STREET ACCRESS STREET ADDRESS CITY - ST - ZIP CN14-S1-21P Addition Change ☐ Delete Litt THLE NAME NAME STREET ADDRESS STREET ADDRESS CASY ST AR CITY+\$1-2(P Addition ☐ Delete Change TITLE DISE NAME NAME STATET ADDRESS STREET ADDRESS CITY-ST ZIP ultr-SI- DP Change ☐ Addition Delete THE TITLE NAM: NAME Steer LACORESS STREET ADDRESS OHY-SI-ZP CITY ST ZIP

12. Thereby 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 eath; 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:

3/6/05 239 947-8160

FILED