2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 664748

Address: City-St-Zip:

VΡ

LUCKS, CARI

31 SW 112 TERR

Title:

Name:

Address:

City-St-Zip:

CORAL SPRINGS, FL 33071

CORAL SPRINGS, FL 33071

() Delete

FILED Feb 01, 2007 Secretary of State

Entity Nar	me: P.H. LUC	CKS, INC	<u>).</u>					
Current Principal Place of Business:				New Principal Place of Business:				
	12TH TERR PRINGS, FL 3	3071						
Current Mailing Address:				New Mailing Address:				
	I2TH TERR PRINGS, FL 3	3071						
FEI Number:	: 59-2066094	FEI Nu	umber Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired	d()	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
	HILIP I2TH TERR PRINGS, FL 3	33071	US					
	named entity of Florida.	submits	this statement for the pu	rpose of changing	its registere	ed office or registered agent,	or both,	
SIGNATUR	RE:							
Electronic Signature of Registered Agent				nt	Date			
Election Car	npaign Financin	g Trust F	und Contribution ().					
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip: Title:	LUCKS, PHILIF 31 S.W. 112TH CORAL SPRIN	TERR.		Title: Name: Address: City-St-Zip: Title:		(X) Change () Addition tilLIP, 2TH TERR. RINGS, FL 33071 (X) Change () Addition		
Name: Address: City-St-Zip:	LUCKS, BARB, 31 S.W. 112TH CORAL SPRIN	ARA, HTERR.		Name: Address: City-St-Zip:	LUCKS, BA 31 S.W. 11			
Title: Name: Address:	VP (LUCKS, ADAM 31 SW 112 TE			Title: Name: Address:		() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: PHILIP LUCKS PD 02/01/2007

() Change () Addition