2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an addre

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

SIGNATURE:

FILED Mar 09, 2004 8:00 am DOCUMENT # F64541 **Secretary of State** 1. Entity Name 03-09-2004 90020 015 ***158.75 LUCAS SQUARE, INC. Principal Place of Business Mailing Address 2030 OLD DRIVE HWY. VERO BEACH FL 32962 2030 OLD DRIVE HWY. VERO BEACH FL 32962 Mailing Address TO Box 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State 59-2238774 tabe Sollno, Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LUCAS, RODNEY S BOX Number is Not Acceptable DWS-DRIVE-11615 W. DIXIE SHORES DR CRYSTAL RIVER FL 34429 HODE SOUND 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. KIDNEY LUCAS 2-29-04 (NOTE: Registered Agent signature required when reinstating) name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 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. PTD TITLE ☐ Addition TITLE ☐ Delete 10581 SE Jupiter NARTOWS DRIVE LUCAS, RODNEY NAME NAME Hobe Sound A. 33455 11615 W. DIXIE SHORES DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CRYSTAL RIVER FL 34429** CITY-ST-7IP Delete Change Addition SD TITLE TITLE LUCAS, BARBARA NAME 11615 W. DIXIE SHORES DR. STREET ADDRESS STREET ADDRESS CRYSTAL RIVER FL 34429 CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Addition ☐ Change □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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