2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT #F64541 01-30-2006 90060 023 ***158.75 1. Entity Name LUCAS SQUARE, INC. Principal Place of Business Mailing Address 2030 OLD DRIVE HWY. P.O. BOX 3084 **60003004** TEGUESTA, FL 33469 VERO BEACH, FL 32962 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01262006 CR2E034 (11/05) Cha-P City & State 4. FEI Number Applied For City & State 59-2238774 Not Applicable Zip Country 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 10581 SE JUPITER NARROWS DR. HOBE SOUND, FL 33455 8. The above named entity submits this statement for the purpose of changing its registered office or registered been, 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition TITLE ☐ Detete TITLE POBOX 3084 TEQUESTA, PL 33469 LUCAS, RODNEY NAME NAME STREET ADDRESS 10581 SE JUPITER NARROWS DR. STREET ADDRESS HOBE SOUND, FL 33455-CITY-ST-ZIP CITY-ST-ZIP ☐ Detete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete ME NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete MILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition me ☐ Change mı NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 SIGNATURE:

FILED

Jan 30, 2006 8:00 am