

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90044 002 ***158.75

DOCUMENT # H05320

1. Entity Name

J. LUCK MASTER BUILDER, INC.



Principal Place of Business

1050 BELLA VISTA BLVD., APT. 208
ST. AUGUSTINE FL 32084
US

Mailing Address

1050 BELLA VISTA BLVD., APT. 208
ST. AUGUSTINE FL 32084
US

40010300

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



1st MOORE

CR2E034 (10/04)

359 RIVERSIDE MANOR BLVD

FREDERICKSBURG VA

22407

USA

4. FEI Number 22-4581834

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUCK, JAMES K.
1050 BELLA VISTA BLVD APT 208
SAINT AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name GINGER ELLIS

Street Address (P.O. Box Number is Not Acceptable)

820 LK KATHRYN CR

City CASSELBERRY

FL

Zip Code 32907

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Ginger Ellis

1-28-05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME LUCK, JAMES K
STREET ADDRESS 248 PALM SPARROW CT
CITY-ST-ZIP DAYTONA BEACH FL 32119

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 359 RIVERSIDE MANOR BLVD
CITY-ST-ZIP FREDERICKSBURG, VA 22407

TITLE
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TITLE
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STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

J. Luck

JAMES K LUCK PRES.

1-28-05

540-786-4380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #