

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90019 004 ***150.00

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02202008 Chg-P CR2E034 (12/06)

DOCUMENT # H74513 1. Entity Name CAREN LUCAS, INC.																											
Principal Place of Business 10450 US HWY 441 LEESBURG, FL 34788 US		Mailing Address 10450 US HWY 441 LEESBURG, FL 34788 US																									
2. Principal Place of Business - No P.O. Box # 4019 YARDLEY CIRCLE Suite, Apt. #, etc.		3. Mailing Address 4019 YARDLEY CIRCLE Suite, Apt. #, etc.																									
City & State TALLAHASSEE, FL Zip 32309		City & State TALLAHASSEE, FL Zip 32309																									
4. FEI Number 59-2593139		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent LUCAS, CAREN M. 10450 US HWY 441 LEESBURG, FL 34788		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4019 YARDLEY CIRCLE City TALLAHASSEE FL Zip Code 32309																									
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: DATE: 3/10/08 <small>Signature, typed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PST LUCAS, CAREN M. <input type="checkbox"/> Delete</td> <td style="width: 20%;"></td> </tr> <tr> <td>NAME</td> <td>13646 DEVENSHIRE CT.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>GRAND ISLAND, FL 32735</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	PST LUCAS, CAREN M. <input type="checkbox"/> Delete		NAME	13646 DEVENSHIRE CT.		STREET ADDRESS	GRAND ISLAND, FL 32735		CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">4019 YARDLEY CIRCLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="width: 20%;"></td> </tr> <tr> <td>NAME</td> <td>TALLAHASSEE, FL 32309</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	4019 YARDLEY CIRCLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		NAME	TALLAHASSEE, FL 32309		STREET ADDRESS			CITY-ST-ZIP		
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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 changed, or on an attachment with an address with all other like empowered.		SIGNATURE: CAREN LUCAS 3/10/08 850-893-0373 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																									