


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2005 08:00 AM Secretary of State

DOCUMENT # H93734

1. Entity Name
LUBI'S, INC.



Principal Place of Business
11633 BEACH BLVD
JACKSONVILLE, FL 32246-6604 US

Mailing Address
11633 BEACH BLVD
JACKSONVILLE, FL 32246-6604 US



04152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2617689

Applied For
 Not Applicable

5. Certificate of Status Deemed \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

WALLACE, LULA A.
11633 BEACH BLVD
JACKSONVILLE, FL 32246

DO NOT WRITE IN THIS SPACE

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 this is applicable (NOTE: Registered Agent signature required when retreating) DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

8. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS DIRAMIO, NICCOLAS F 1526 SEAGATE JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DISHMAN, NINA NANETTE 4640 BRIGHTON DR JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB WALLACE, LULA A 14538 SAN PABLO DR N JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 807, 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: Lula A. Wallace COB Date: 4-18-05 904 645-3007