

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H93734

Entity Name: LUBI'S, INC.

FILED  
Mar 12, 2009  
Secretary of State

**Current Principal Place of Business:**

11633 BEACH BLVD  
JACKSONVILLE, FL 322466604 US

**New Principal Place of Business:**

**Current Mailing Address:**

11633 BEACH BLVD  
JACKSONVILLE, FL 322466604 US

**New Mailing Address:**

FEI Number: 59-2617689

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

DIRAMIO, NICCOLAS F  
11633 BEACH BLVD  
JACKSONVILLE, FL 32246 US

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.

SIGNATURE: NICCOLAS F DIRAMIO

03/12/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: DIRAMIO, NICCOLAS F  
Address: 1526 SEAGATE  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: T (X) Delete  
Name: TEUSHEL, NINA NANETT  
Address: 4840 BRIGHTON DR  
City-St-Zip: JACKSONVILLE, FL 32217

Title: COB ( ) Delete  
Name: WALLACE, LULA A  
Address: 14538 SAN PABLO DR N  
City-St-Zip: JACKSONVILLE, FL 32224

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICCOLAS F. DIRAMIO

P

03/12/2009

Electronic Signature of Signing Officer or Director

Date