

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H93975

FILED
Feb 08, 2008
Secretary of State

Entity Name: LUCE CARPENTRY CORNER, INC.

Current Principal Place of Business:

% SUNSHINE HILL LUCE
1707 S STOCKTON ST
MELBOURNE, FL 32901

New Principal Place of Business:

1707 S STOCKTON ST
MELBOURNE, FL 32901

Current Mailing Address:

% SUNSHINE HILL LUCE
1707 S STOCKTON ST
MELBOURNE, FL 32901

New Mailing Address:

1707 S STOCKTON ST
MELBOURNE, FL 32901

FEI Number: 59-2646294

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUCE, THOMAS SPENCER
1707 S STOCKTON ST
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LUCE, THOMAS SPENCER,
Address: 1707 S STOCKTON ST
City-St-Zip: MELBOURNE, FL

Title: D () Delete
Name: MOTT, LARRY JOHN,
Address: 1707 S STOCKTON ST
City-St-Zip: MELBOURNE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: THOMAS SPENCER LUCE

D

02/08/2008

Electronic Signature of Signing Officer or Director

Date