

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000036081

1. Entity Name
LUCERNE PROFESSIONAL LEASING, LLC



Principal Place of Business
3491 EAST HINSON AVENUE
HAINES CITY, FL 33844

Mailing Address
PO BOX 1699
WINTER HAVEN, FL 33882



04212005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0587189

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIS, DONNA JO
3491 EAST HINSON AVENUE
HAINES CITY, FL 33844

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

U00000346847
04/30/05-80032-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	JO WILLIS, DONNA JO
STREET ADDRESS	3491 E. HINSON AVE.
CITY - ST - ZIP	HAINES CITY, FL 33844
TITLE	MGRM
NAME	WILLIS, MICHAEL R
STREET ADDRESS	3491 E. HINSON AVE.
CITY - ST - ZIP	HAINES CITY, FL 33844
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**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/25/05 863-422-1516