## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 15, 2005 8:00 am Secretary of State DOCUMENT # L04887 04-15-2005 90067 026 \*\*\*150.00 ĽUCKY INC. Principal Place of Business Mailing Address 40001 #~~ **5220 BRITTANY DRIVE SOUTH** C/O JANICE EMBREY 3100 GULF BLVD., APT. 233 BELLEAIR BEACH, FL 33786 US SAINT PETERSBURG, FL 33715 US 2. Principal Place of Eusiness 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #. etc. 03312005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3015024 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent R.W. Smiles EMBREY, JANICE --Street Address (P.O. Box Number is Not Acceptable 3100 GULF BLVD. APT. 233 13455-60F BELLEAIR BCH., FL 34634 Chy Clearwater 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. Lam familia the obligations of registered agent Rw. Smiley V.P. SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS Addition Deleie TITLE Bary Bon 30.5. 4710 EMBREY, JANICE NAME NAME STREET ADORESS 3100 GULF BLVD., APT. 233 STREET ADDRESS St. Rausburg , FL 33715 BELLEAIR BCH., FL 33786 CRY-ST-7IP CITY-ST-ZiP VIR DILE ☐ Detete HILE Change **X** Addition AW Smiley NAME 77 to - Winaton Rd STREET ADDRESS STREET ADDRESS MUSE, FL 33771 10S City-ST-ZiP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-7IP TITLE Dekete TITLE Change Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZiP Delete RILE ☐ Change ☐ Adoition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTIY-ST-ZIP TITLE C Delete RDF ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 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:

Davime Phone #