2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 14, 2008 08:00 Al Secretary of State DOCUMENT #L72412 1. Entity Name DENNIS R. LUCAS INC. Principal Place of Business Mailing Address 1000 TAMIAMI TRAIL 1000 TAMIAMI TRAIL N **SUITE 302** 302 NAPLES, FL 34102 US NAPLES, FL 34102 No Chg-P CR2E034 (11/05) 01072008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0202915 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE LUCAS, DENNIS R 1000 TAMIAMI TRAIL IN THIS SPACE 302 NAPLES, FL 34102 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITI F NAME LUCAS, DENNIS R 1000 TAMIAMI TRAIL N #302 STREET ADDRESS NAPLES, FL 34103 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the report 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 attact of the property in the property of the property in the property of the

SIGNATURE:

NAME STREET ADDRESS CITY - ST - Z(P

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