2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001840

FILED Mar 06, 2007 Secretary of State

Entity Name: LU AND CHARLIE'S PRESERVATION SOCIETY INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	REGORY ST DLA, FL 32501				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
P. O. BOX PENSACC	.13144 DLA, FL 32591				
FEI Number	: 59-3715529	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
	DHN W REGORY ST DLA, FL 32501	US			
Γhe above n the State	named entity s e of Florida.	ubmits this statement for the p	urpose of changing its register	red office or registered agent, or both,	
CICNIATIU	DE:				
SIGNATU	K E.				
SIGNATUI		c Signature of Registered Age	ent	Date	
SIGNATUI Officer :				Date GES TO OFFICERS AND DIRECTORS	
OFFICER: Title: Name: Address:	Electroni	ORS: Delete ELA MRS. ASE DR.			
DFFICER: Title: lame: laddress: City-St-Zip: Title: lame: laddress:	Electroni S AND DIRECT T () SHUFORD, PAN 3490 RIVER CH. ELLENWOOD, (CORS: Delete IELA MRS. ASE DR. GA 30294 US Delete AEL MR.	ADDITIONS/CHANG Title: Name: Address:	GES TO OFFICERS AND DIRECTORS	
	Electroni S AND DIRECT T () SHUFORD, PAM 3490 RIVER CH. ELLENWOOD, C D () BREAUX, MICHA 1007 REVERE PENSACOLA, FI	Delete ELA MRS. ASE DR. 6A 30294 US Delete AEL MR. 2 32507 US Delete / MR. DRY ST.	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTORS () Change () Addition	
DFFICER: Title: Name: Address: Dity-St-Zip: Title: Name: Address: Dity-St-Zip: Title: Name: Address: Name: Address:	Electroni S AND DIRECT T () SHUFORD, PAM 3490 RIVER CH. ELLENWOOD, O D () BREAUX, MICH/ 1007 REVERE PENSACOLA, FI P () LEWIS, JOHN W 1504 W. GREGO PENSACOLA, FI	Delete ELA MRS. ASE DR. GA 30294 US Delete AEL MR. 2 32507 US Delete / MR. DRY ST. 2 32501 US Delete MRS. DRY ST.	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	GES TO OFFICERS AND DIRECTORS () Change () Addition () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN LEWIS P 03/06/2007