

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

9/6/2007-90010-005-\$61.25-\$61.25


FILED

2007 OCT -9 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2nd MOORE CR2E037 (4/07)

DOCUMENT # N06000003768			
1. Entity Name BENJAMIN LUCK V FOUNDATION, INC.			
Principal Place of Business 2710 FLORIDA AVENUE TAMPA FL 33602		Mailing Address 12304 WITHERIDGE DRIVE TAMPA FL 33624	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number 02-0814496		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARAMOUNT CELEBRITY MANAGEMENT COMPANY 3007 WEST CYPRESS STREET SUITE 6 TAMPA FL 33609		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
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 _____		8/28/07	
Signature, printed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when registering)	
FILE NOW: FEE IS \$61.25 Due By September 5, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> Delete	
NAME	LUCK, BENJAMIN IV		
STREET ADDRESS	2710 FLORIDA AVENUE		
CITY-ST-ZIP	TAMPA FL 33602		
TITLE	VP	<input type="checkbox"/> Delete	
NAME	MADISON, YVONNE		
STREET ADDRESS	12304 WITHERIDGE DRIVE		
CITY-ST-ZIP	TAMPA FL 33624		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing 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 receiver or trustee empowered to execute this report as required by Chapter 617, 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: <u>Yvonne Madison</u>		8/28/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

10/11/07