2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Feb 02, 2004 08:00 AM DOCUMENT # N24667 1. Entity Name **Secretary of State** LUCKETT ROAD TRUCK & AUTO PLAZA PROPERTY OWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address P.O. BOX 7326 FT. MYERS FL 33911-7326 FT. MYERS FL 33911-7326 US P.O. BOX 7326 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-2410390 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUNDSCHU JR, CHARLES C 8510 GRANITE COURT Street Address (P.O. Box Number is Not Acceptable) FT. MYERS FL 33908 Çıly 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Florida Department of State Added to Fees Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10, TITLE Change TITLE Delete BUNDSCHU JR, CHARLES C NAME U00000025274 02/02/04-80099-012 61.25 NAME 8510 GRANITE COURT STREET ADDRESS STREET ADDRESS FORT MYERS FL 33908 CITY -ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change BUNDSCHU III, CHARLES C NAME NAME 5900 ENTERPRISE PARKWAY STREET ADDRESS STREET ADDRESS FORT MYERS FL 33905 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete BUNDSCHU, GAYLE NAME NAME 5900 ENTERPRISE PARKWAY STREET ADDRESS STREET ADDRESS FORT MYERS FL 33905 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 of 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.