

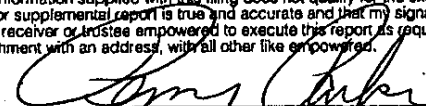


**FILED**  
**Aug 11, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90029 045 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|   |   |  |
|---|---|--|
| <b>DOCUMENT # P00000000074</b>  |   |   |
| 1. Entity Name<br><b>LUCKY DOC, INC.</b>  |   |  |
| Principal Place of Business<br><b>13915 U.S. 98 BY-PASS<br/>DADE CITY, FL 33525</b>   |   | Mailing Address<br><b>13915 U.S. 98 BY-PASS<br/>DADE CITY, FL 33525</b>  |
| <b>DO NOT WRITE IN THIS SPACE</b>   |   |  |
|   |   | 66025716<br>                             |
|   |   | 01142005 No Chg-P CR2E034 (10/03)  |
| 4. FEI Number<br><b>59-3621828</b>  |   | Applied For<br><input type="checkbox"/> Not Applicable   |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>PARKER, PENNY<br/>2006 FOLKSTONE PLACE<br/>WESLEY CHAPEL, FL 33543</b>  |   | <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
| 10. OFFICERS AND DIRECTORS  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>D<br/>PARKER, PENNY<br/>2006 FOLKSTONE PLACE<br/>WESLEY CHAPEL, FL 33543</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   |  |
| <b>DO NOT WRITE<br/>IN THIS SPACE</b>   |   |  |
| 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 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: <br>SIGNATURE AND TYPED OR PRINTED NAME OF RECORDING OFFICER OR DIRECTOR  |   | DATE: <b>AUG 02 2005</b><br>Daytime Phone # <b>813 333-4151</b>  |

ATTACHMENT

66025716



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

July 15, 2005

JUDSON B. BAGGETT, CPA PA  
6815 DAIRY ROAD  
ZEPHYRHILLS, FL 33542

SUBJECT: LUCKY DOC, INC.  
Ref. Number: P00000000074

Thank you for your correspondence of July 8, 2005, which has been forwarded to me for response.

Our office previously returned a copy of the annual report for corrections. Enclosed is a copy of the annual report and reject letter. To date, we have not received the corrected report back. Please make the corrections on the annual report and return it to our office for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner  
Senior Section Administrator

Letter Number: 705A00046802